

INTER-MINISTRY CHILD ABUSE HANDBOOK

**An Integrated Approach to Child Abuse and Neglect
1988 Edition**

COMPILED BY: MINISTRY OF ATTORNEY GENERAL
MINISTRY OF EDUCATION
MINISTRY OF HEALTH
MINISTRY OF SOCIAL SERVICES AND HOUSING
MINISTRY OF SOLICITOR GENERAL

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MINISTER



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DEDICATION

This third edition of the Inter-Ministry Child Abuse Handbook is again dedicated to the children and families of British Columbia. The handbook has been revised to incorporate new information and more detailed guidelines for an integrated response to child abuse and neglect.

Child abuse is one of the most serious problems we all face. An abused child suffers, may be unable to fulfill his or her potential to become a healthy, productive adult, and may repeat the pattern of abuse. Only by identifying abusive situations and finding help for children and families can we stop this pattern.

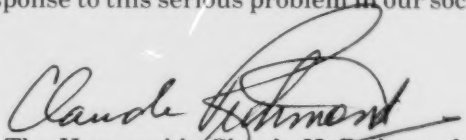
Every adult in this province is responsible for reporting any situation where a child is in need of protection. Effective, coordinated action by those who work with children and families can reduce the child's suffering, and stop the pattern of abuse. It is my hope that this handbook will help us to achieve these ends.

The Honourable Claude H. Richmond
Chairman, Social Services
Committee of Cabinet

MANDATE

The Government of British Columbia has reflected its concern for children through legislation and mandated services aimed at preventing the occurrence and the tragic consequences of child abuse and neglect. This problem does not recognize jurisdictional or professional boundaries and demands a joint response. The Government is committed to an integrated team approach involving ministries, key professionals and the community.

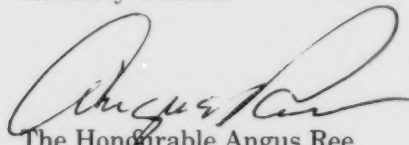
The Inter-Ministry Handbook, first introduced in 1979 and revised in 1985, has been revised and updated again to reflect advances in knowledge and practice. The intent is to promote an integrated and sustained response to this serious problem in our society.



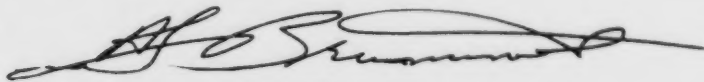
The Honourable Claude H. Richmond
Minister of Social Services and Housing



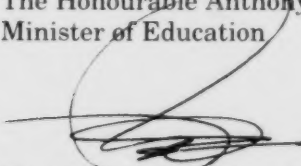
The Honourable Bud Smith
Attorney General



The Honourable Angus Ree
Solicitor General



The Honourable Anthony J. Brummet
Minister of Education



The Honourable Peter A. Dueck
Minister of Health

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We would also like to thank the British Columbia Medical Association for updating the section on physicians and the Office of the Ombudsman for participating in the revision of the handbook.



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Introduction

A. Purpose of the Handbook

This is the third edition of the Inter-Ministry Child Abuse Handbook; the first edition was produced in 1979, the second in 1985. The purpose of the handbook remains the same: to ensure that all efforts in British Columbia to protect children from abuse and neglect are effective and sensitive to the needs of children.

This handbook is for all people who provide services to children. Because child abuse is a multi-faceted problem, efforts to tackle the problem must be coordinated to be effective. Those who see children regularly, such as teachers, public health nurses, child care providers and physicians have a role in teaching children how to recognize abusive situations, how to avoid them if possible, and how to get help if abuse occurs. These same people must be alert to signs of child abuse, and must report suspected abuse to a social worker. Child protection social workers must be able to use other services in the community to help children and their families. They must coordinate their efforts with those of the police, who are responsible for criminal investigations. And so on — each needs the other to protect the child, assist the family, and deal properly with the offender.

The Ministries of Social Services and Housing, Attorney General, Health, Solicitor General, and Education produced this handbook, but it is intended for everyone working with children. Its objectives are:

- to communicate the policies and procedures of these ministries to ensure consistent practice throughout the province;
- to provide timely information to professionals and others who provide services to children; and
- to ensure that an integrated approach to child abuse is adopted by all those involved.

B. Reasons for a Revised Handbook

The handbook has been revised for several reasons:

1. The overview contains a new section, an integrated approach to investigation and intervention. This section spells out in detail the procedures to be followed in cases of

child abuse and neglect, and thus is a general protocol for an integrated response. Since the last handbook was compiled, communities have developed and refined protocols for coordinating the activities of the various ministries and agencies involved. Some aspects of these protocols have been incorporated into this new section, which is intended to provide a consistent, detailed model for local protocols throughout the province.

2. The handbook now contains specific protocols for responding to special situations: cases involving multiple victims, cases where abuse or neglect occurs in a licenced child care facility, and cases where the alleged abuser is a school board employee.
3. The new handbook contains a section on prevention intended to heighten awareness of this aspect of the community's response to child abuse and neglect.
4. The new handbook emphasizes support and treatment concerns more than was done in the past.
5. The means of identifying and responding to child abuse and neglect are constantly being improved and refined. Thus, the sections of the handbook on indicators of abuse and neglect, interviewing children, and the physician's role in child abuse cases have been updated.

C. How to use the Handbook

The handbook is divided into three parts. Part I, the overview, contains the following information which everyone in the field needs to know:

- guiding principles in approaching child abuse;
- a summary of the relevant law;
- the principles governing confidentiality of information;
- working definitions of child abuse and neglect;
- the prevention of child abuse and neglect;
- the obligation to report child abuse and neglect; and
- an integrated approach to investigation and intervention in child abuse and neglect cases which spells out in detail each person's role.

Part II contains sections on the specific roles of the five Ministries — Social Services and Housing, Attorney General, Solicitor General, Health, and Education. These sections are designed to be read in conjunction with the overview and are broken down to cover the various professional groups or service units within each ministry.

Part III contains protocols for specific situations: cases involving multiple victims or a high impact on the community; cases of abuse or neglect in a licenced child care facility;

and cases of abuse or neglect by a school board employee where the abuse or neglect is directly related to that person's position of trust as a school board employee.

Lastly, the handbook contains certain information in the form of appendices: the *Family and Child Service Act*, indicators of abuse and neglect, guidelines for interviewing children, the role of the physician in incidents of child abuse, and the role of Alcohol and Drug Programs.

Note on the use of language in the handbook: Feminine and masculine pronouns are used interchangeably. "Parent" includes the child's guardian.

PART I.

An Overview

A. Guiding Principles

A sensitive approach to the problem of child abuse requires a commitment to certain guiding principles. The following are some of the more important of these:

1. **The protection of the child must be everyone's paramount concern. If in doubt, err on the side of protecting the child.** This does not, however, obviate the need to assist other affected persons. Child abuse and subsequent investigation and intervention can be extremely traumatic for a non-offending parent, and these parents should be given the help they need to protect their children themselves, and to cope with the situation. Other family members and individuals may also be seriously affected and require assistance in order to cope effectively with the situation. Additionally, offenders need help, and may sometimes be prepared to work to ensure that they never again abuse a child. When an offender is prepared to do this, he should receive the assistance he needs.
2. The primary responsibility for ensuring the safety and well being of a child lies with the child's parents. Generally speaking, the function of the state is to intervene only when the parents are unable or unwilling to fulfill this function, or when assistance is requested by the family. The state may also intervene to ensure that abuse or neglect does not occur in facilities for children outside the home.
3. Those trying to prevent child abuse and those who intervene in child abuse cases must work together in order to ensure that their efforts have the intended effect. Central to the approach taken by each of the ministries contributing to this handbook is a belief that the most effective response to all allegations of child abuse, at each step of the process of investigation, assessment, intervention and treatment, is one which is integrated and inter-ministerial. Experience has shown that where there is little or no communication between the ministries and agencies involved, tragedies can occur.
4. Professionals and others working in the area must be properly trained and their skills must be kept up-to-date.

5. There must be a firm commitment to the protection of children with special needs. Because these children may be particularly dependent on others for their safety and well being, special care must be taken in preventing and detecting abuse.
6. All professional intervention must be sensitive to the age, developmental level and personality of the child or young person receiving services. The term "child" is used in the handbook to cover all persons under age 19, the age of majority in British Columbia. However, the needs of a two year old are quite different from those of an adolescent, though each may legally be termed a child and each may have been abused. Adolescents justly resent being viewed or treated as children; it is inappropriate. Moreover, young people of the same age may be at different stages of development and will vary in other significant respects. Differential assessment and treatment is vital to meet the unique needs of each young person.
7. We must recognize and try to break the cycle of abuse. Often, a person who perpetrates child abuse was himself abused as a child. Thus, every time we prevent a child from being abused, we may be protecting future children as well. For intervention to be effective in the long run, both the offender and the victim of child abuse must be given sufficient assistance to reduce the likelihood of future abuse.

B. Child Abuse and the Law

1. The criminal law

Whenever a child has been physically or sexually abused, abandoned, or neglected, a crime may have been committed. The Criminal Code of Canada contains numerous offences which cover child abuse, such as physical and sexual assault, sexual interference and sexual exploitation of a child. The police are responsible for enforcing the criminal law. On receipt of a report of child abuse or neglect, the police will determine whether there are grounds for a criminal investigation, and conduct an investigation where such grounds exist.

2. Child protection law

Children depend on others for their safety and well being and have a right to be protected from abuse and neglect. Parents are responsible for protecting their children, and intervention by the state is necessary only when this primary protection breaks down. The legal basis for such intervention in British Columbia is the *Family and Child Service Act*. The act allows provincial authorities to intervene when a child is in need of protection. The act is reprinted in this handbook as an appendix for easy reference.

When does the *Family and Child Service Act* apply? The act applies when a child under 19 years of age is in need of protection, that is, when a child is:

- **abused or neglected** so that his safety or well being is endangered,
- **abandoned,**
- **deprived of necessary care** through the death, absence or disability of his parent,
- **deprived of necessary medical attention,** or
- **absent from his home** in circumstances that endanger his safety or well being.

Who administers the *Family and Child Service Act*? The act is administered by the Superintendent of Family and Child Service. The superintendent is appointed by the Minister of Social Services and Housing. The superintendent is responsible for investigating reports that a child may be in need of protection, and for intervening when a child is in need of protection. The superintendent delegates many of her powers and duties to social workers in the district offices of the Ministry of Social Services and Housing. The superintendent also delegates to police officers the power to apprehend a child who is considered to be in need of protection.

The act also allows police officers to apprehend a child who is in immediate physical danger.

Who must report child abuse or neglect? If you have reasonable grounds to believe that any child is in need of protection, **you must report the matter immediately to a delegate of the superintendent** — that is, to a social worker in a district office or a social worker receiving reports on the Helpline for Children. For a full description of the obligation to report, see section F.

What can the superintendent do to protect a child? When the superintendent determines that a child is in need of protection, the superintendent (or her delegate) can apprehend the child without warrant, that is, remove the child from the custody of his parents and take custody of the child. If access to a child is denied, the superintendent may apply for a warrant allowing her to have access to the child in order to investigate. If a child appears to be in immediate physical danger, a police officer may apprehend the child without warrant; the police officer must then turn over custody of the child to the superintendent.

These compulsory measures are actions of last resort. Generally speaking, a child is best off with his own family. In most cases, the superintendent will try to assist the family to avert or correct a situation which could endanger the child. This assistance may take the form of providing services to the family, or helping the family to seek out services available in the community, or of assuming custody of a child for a short time with parental consent.

3. The Community Care Facility Act

This legislation comes into play when child abuse or neglect has allegedly occurred in a licenced community care facility, such as a licenced day care centre. The act requires the medical health officer to investigate the matter and make a recommendation to the Provincial Child Care Facilities Licencing Board respecting the status of the licence. Section 5 of the *Community Care Facility Act* gives the board the authority to cancel or suspend the facility's licence where it appears to the board that child abuse or neglect has occurred in the facility. Protocol 2 in this handbook contains detailed information on how to proceed in these cases.

4. The School Act and the Teaching Profession Act

These acts are important for preventing child abuse by teachers in the public school system, and for intervening when such abuse occurs. The *Teaching Profession Act* provides for the certifying of teachers by the College of Teachers. A person who is not certified cannot teach on a regular basis in the public schools, and the College (in the case of a member) or the Lieutenant-Governor in Council (in the case of a non-member) can suspend or revoke the certificate of a teacher for misconduct. The *School Act* allows a school board to suspend or dismiss a teacher for misconduct or criminal activity. Thus, persons whose records indicate a history of abusive conduct could be denied teaching certificates by the College, and a practicing teacher who abuses a child can be dismissed from his position by the school board and have his certificate revoked.

A teacher in a private school, depending on the status of the school and other factors, may or may not be subject to legislative sanctions for misconduct. Where legislative sanctions do not apply, it is left to those responsible for the operations of private schools to use appropriate remedies.

C. Confidentiality of Information

Reporting suspected child abuse: The paramount consideration in issues of confidentiality is the safety and well being of the child. Section 7 of the *Family and Child Service Act* provides that where a person has reasonable grounds to believe that a child is in need of protection the duty to report the matter overrides the confidentiality requirement of all other professional relationships with the exception of that between solicitor and client.

Investigation and intervention: The matter of confidentiality is raised again in the investigation of reported child abuse, and in cases where intervention is necessary. When persons with various mandates are involved in a child abuse case, the sharing of some information is essential to an integrated approach to the matter. At the same time, persons fulfilling a legal mandate are under a legal duty not to disclose information for purposes unrelated to their mandate.

If the provision of information is necessary to ensure the safety or well being of a child or children, it should be provided. Persons who are not directly responsible for a protection or criminal investigation, but who have information about a case, should have the opportunity to provide information to the investigators, and receive a reasonable explanation of the status of the case. However, they should not be privy to information on a case unrelated to their intervention or need to know for the purpose of ensuring the safety and well being of a child or children.

Social workers and others acting under the *Family and Child Service Act* are governed in this respect by section 22 of the act, which allows the disclosure of information about an individual in limited circumstances, one of which is that the superintendent considers disclosure necessary to ensure the safety or well being of a child. This provision recognizes that many persons may become involved in a child abuse case, and that some disclosure of information may be necessary to ensure the safety and well being of the child or children concerned. It is consistent with the statement above that information should be disclosed if disclosure is necessary to ensure the safety or well being of a child or children. However, the corollary of this is that information obtained under the act cannot be disclosed unless it is necessary for this purpose or falls under another of the limited circumstances in which disclosure is permitted by section 22. A social worker or other person who is unsure of whether disclosure is permitted by the act in a particular situation should consult with his supervisor or other appropriate person before disclosing the information.

The identity of the complainant is privileged and should not be disclosed to anyone except the police without the complainant's consent. The complainant's identity may be disclosed to the police if it is relevant to a criminal investigation. Even where the complainant consents, her identity should not be disclosed to anyone other than the police unless disclosure is necessary for the safety and well being of the child.

As a federal agency, the RCMP is governed by the *Privacy Act* regarding the disclosure of personal information obtained during the course of an investigation. Such information may be released for purposes consistent with the purpose for which the information was gathered, for example, a parallel child protection investigation. This is consistent with a policy of disclosing information if disclosure is necessary to ensure the safety or well being of a child or children. Information which is customarily released to the public domain, such as the name of the person charged and charges laid, may also be disclosed. However, there are some limitations respecting the disclosure of such information to the public, one of which is that the name of an offender cannot be released to the public if this could lead to the identification of a child victim.

The Venereal Disease Act contains confidentiality provisions which are relevant primarily to health care professionals. Persons who are employed or have been employed in the administration of the act may not disclose information obtained in the

course of that employment, except as provided for by the act, the *Marriage Act* or as authorized by the Minister of Health. Therefore, where someone has obtained information in the course of administering this act which must be disclosed in order to report child abuse, authorization to disclose the information must be obtained from the Minister of Health before the report is made. Additionally, physicians' records, reports and certificates made or kept under the act are privileged.

Meetings of inter-agency committees: The rules regarding confidentiality described above must be observed at all times. Therefore, inter-agency committee meetings should be structured to avoid discussion of specific cases among those who should not be privy to the information. This may require a two-tiered agenda, so that general issues can be considered by various agency representatives, but specific cases are discussed only by police officers, Crown counsel and social workers and others who must be privy to the information in order to protect the child or prosecute the criminal charges.

The use of consent forms by those providing services after the investigation: The provision of services in child abuse or neglect cases may commence or continue well after the protection investigation or any criminal investigation is completed. Once the investigations are finished, it may be appropriate to ask parents and in some cases older children to sign release of information forms which will allow agencies and professionals to share information with the knowledge and consent of the parents, and sometimes older children as well. This not only resolves issues of confidentiality, but also allows service providers to encourage the responsible involvement of the parents and older children in the sharing of appropriate information to further the well being of the child.

D. Definitions

The following are working definitions to be used to determine whether child abuse or neglect has occurred.

Abuse means physical, sexual or emotional abuse.

Physical abuse means any physical force or action which results in or may potentially result in a non-accidental injury to a child and which exceeds that which could be considered reasonable discipline.

Sexual abuse means any sexual exploitation of a child whether consensual or not. It includes touching of a sexual nature and sexual intercourse, and may include any behavior of a sexual nature toward a child. In determining whether behavior is of a sexual nature, one should ask whether a reasonable observer, looking at the behavior in its context, would conclude that it is. This would exclude normal affectionate behavior towards children and normal health or hygiene care.

Sexual activity between children may constitute sexual abuse if the difference in age or power between the children is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child. This would exclude consensual, developmentally appropriate sexual activity between children where there is no significant difference in age or power between the children.

Emotional abuse means acts or omissions of those responsible for the care of a child which are likely to produce long term and serious emotional disorder. This might include effects such as non-organic failure to thrive; developmental retardation; serious anxiety, depression or withdrawal; or serious behavioral disturbance.

Neglect means the failure of those responsible for the care of the child to meet the physical, emotional or medical needs of a child to an extent that the child's health, development or safety is endangered.

E. The Prevention of Child Abuse and Neglect

1. What does prevention mean?

The prevention of child abuse and neglect can take many forms, most of which fall under the headings of primary, secondary and tertiary prevention.

Primary prevention means taking steps to prevent child abuse or neglect from occurring in the first place. A cornerstone of primary prevention is education. In particular, primary prevention involves:

- educating adults and young persons about the distinction between physical abuse and discipline, and alternatives to physical methods of discipline;
- educating adults and young persons about appropriate and inappropriate sexual behavior, and about the effects of sexual abuse on children;
- teaching children to recognize and say no to abuse;
- teaching people to recognize and avoid situations which lead to stress and anger, and to cope with stress and anger when it occurs;
- offering prenatal and postnatal information which prepare parents realistically for the frustrations of child rearing;
- ensuring that information about birth control, and the means of birth control are readily available;
- ensuring that treatment programs for substance abuse are available, as substance abuse may be associated with child abuse or neglect;

- ensuring that adults and children know where they can obtain assistance to prevent a child abuse or neglect situation from developing;
- ensuring that persons with substantiated histories of abusive conduct do not hold positions of trust which bring them into frequent contact with children; and
- ensuring that persons in positions of trust or power respecting children or other vulnerable persons are informed by their employers or their authorized representatives of reasonably-held expected standards of conduct. These expectations should be clearly communicated to the person at the time their duties commence and the person should be advised that failure to comply may result in disciplinary action.

Secondary prevention means the early detection of and intervention in child abuse or neglect cases to prevent the abuse or neglect from being repeated or escalating into more serious forms. The recognition of indicators of abuse and neglect is crucial for early detection. Persons who have regular contact with children, such as teachers and health care workers, must be able to recognize the signals.

Tertiary prevention means minimizing the harmful effects of abuse and neglect on the victim once it has occurred, and preventing the offender from abusing again through monitoring and treatment.

2. The importance of prevention, and of an integrated approach to prevention

Preventive measures are crucial in the long run for eliminating child abuse and neglect. Because child abuse victims are more likely than others to become abusive parents, preventing victimization now affects future generations.

Like other responses to child abuse, preventive measures need to be integrated to be effective. In the case of prevention, integration is necessary:

- to avoid duplication of efforts;
- to ensure that a particular ministry, agency or other organization is responsible for coordinating and implementing each necessary preventive measure and service; and
- to ensure that professionals and others in the field are aware of the preventive measures and services in place, so that appropriate client referrals are made.

3. Existing preventive measures and services

The following is a list of preventive measures being taken and services being provided by provincial government ministries.

Preventing abuse by persons in designated positions of trust: The provincial government has developed and is implementing screening procedures respecting persons who apply for or hold positions of trust. Positions of trust include those jobs having duties which bring the employee into contact with vulnerable individuals such as children. The purpose of the screening is to prevent persons with histories of abusive conduct from occupying such positions. In addition to implementing screening for government positions and contracted services, the government is assisting other employers to develop screening procedures respecting positions of trust. The screening process includes safeguards to protect the privacy rights of applicants and job holders to the maximum extent consistent with the government's responsibility to protect vulnerable individuals.

Parenting classes and workshops are offered throughout the province by public health departments and units, mental health services and school boards.

Each of the Ministries of Social Services and Housing, Health, Education, Attorney General and Solicitor General develop and fund materials which provide **information to the public** about child abuse and neglect.

Ministry of Health **public health nurses** visit homes, child care facilities and schools to assist and provide information to parents and others responsible for the care of children. Public health nurses also provide follow-up services for children deemed to be at risk.

Alcohol and Drug Programs of the Ministry of Labour and Consumer Services offer treatment for substance abuse in centres throughout the province, and some centres offer group programs for children of addicted parents which include education respecting child abuse.

The Ministry of Social Service and Housing provides several preventive services including:

- the **Zenith Helpline for Children**;
- **social worker assistance** to school personnel respecting child abuse and neglect;
- **child care worker** assistance to families at risk;
- **homemaker assistance** in distress situations; and
- **respite care** for children with special needs.

The Ministry of Education has developed and is supplying **school curriculum materials** to public, private and independent schools to teach children to recognize child abuse, to say no to abuse, and to seek help if abuse occurs.

Special training on child abuse and neglect has been made available to **public school teachers** through the Ministry of Education.

The **police** conduct school and community education programs on child abuse.

The Ministry of Attorney General has developed a **preschool child sexual abuse prevention program** and is training early childhood educators in its use.

Information about **birth control** and the means of birth control are available through community clinics, health units and departments and physicians.

Victim assistance programs are in place in many communities. Information about these programs is available from local police and local Crown counsel offices or by telephoning 1-800-VICTIMS, a toll-free victim's information line.

4. Some Special Considerations

Child and adolescent offenders: A significant number of child abuse offenders are adolescents, and some offenders are under age twelve. Because persons who offend as children or adolescents may well continue to offend as adults, early intervention and treatment is crucial. In these cases it is important to determine whether the offender has also been a child abuse victim. Where this is so, those involved must attempt to protect and treat the young person, while at the same time ensure that he or she does not continue to abuse other children.

Children with handicaps: Children with handicaps may be particularly vulnerable because they may depend on others to meet their daily needs. Safeguards must be established and implemented to ensure that persons in positions of trust who provide services to children with handicaps never endanger the child's personal safety or well being. Like all children, children with handicaps should be educated in self-protection and sexual matters, and should have the opportunity to contact and be supported by persons who can help if they are experiencing problems. This will require that persons with specialized skills be readily available where the handicap affects the ability to communicate.

Services to children and their families need to be generically available in a manner that allows children with handicaps to become integrated with other children in programs within their own communities.

F. Obligation to Report

Any person who has reasonable grounds to believe that a child (or children) is in need of protection is required legally by section 7 of the *Family and Child Service Act* to report the matter to the Superintendent of Family and Child Service or her delegate. Failure to report in these circumstances is an offence. The act is included in this handbook as an appendix.

A child is in need of protection under the *Family and Child Service Act* if he or she is:

- **abused or neglected** so that his safety or well being is endangered,
- **abandoned,**
- **deprived of necessary care** through the death, absence or disability of his parent,
- **deprived of necessary medical attention,** or
- **absent from his home** in circumstances that endanger his safety or well being.

For working definitions of abuse and neglect, see section D.

Abuse or neglect need not have occurred already for a child to be in need of protection; it is not necessary to wait until a child has been harmed to intervene. When abuse or neglect can be reasonably anticipated, there are reasonable grounds to believe a child is in need of protection, and the legal obligation to report applies.

Historical abuse or neglect, that is abuse or neglect which occurred in the not very recent past, must be reported wherever there are reasonable grounds to believe that a child or children may be in need of protection. If the alleged offender is in regular contact with a child or children, irrespective of whether it is the same child or children abused in the past, there may well be grounds to believe that the child or children are at risk based on the offender's past behavior. It is particularly vital to report these cases where the alleged abuser is in a position of trust respecting children, such as a teaching position. Where the information is obtained from a victim, the victim should be told how to file a complaint with the police irrespective of whether there are any current protection concerns.

The *only* claim of confidentiality which overrides the legal duty to report is solicitor-client privilege. Thus physicians, clergymen and others who consider their professional relationships confidential for certain purposes are not exempt from the duty to report child abuse or neglect. There is one narrow exception to this which results from the confidentiality provisions of the *Venereal Disease Act* and applies primarily to health care professionals. The provisions, which concern information about venereal disease, are described in section C on confidentiality of information.

Social workers designated to receive reports are trained to investigate and assess the need for intervention. Other professionals must not usurp this function. A professional who does so and fails to report commits an offence. The act protects you when you make a report; no action lies against a person making a report unless he makes it maliciously or without reasonable grounds for his belief.

Reports may be made by telephone, letter or in person and are usually made to a social worker in the local office of the Ministry of Social Services and Housing. After hours and on weekends and statutory holidays the toll-free 24-hour Helpline for Children (Zenith

1234) will put the caller into contact with a social worker in the Emergency Services Unit in Vancouver. The social worker receiving the call will assess its urgency. Urgent matters are referred immediately to the police or to a duty worker in the local office of the Ministry of Social Services and Housing. Non-emergency situations are handled by telephone counselling and a referral to the local office on the next working day.

The Helpline is not intended to replace the direct services provided by the local offices of the Ministry of Social Services and Housing. Rather, it is meant to supplement those services by providing access for people who may not be able to find the appropriate telephone number in a moment of crisis and by providing a 24-hour service to all those who wish to report that a child may be in need of protection.

G. An Integrated Approach to Investigation and Intervention: A General Protocol

This section describes in detail the steps to be taken by persons mandated to investigate and intervene in cases of child abuse or neglect, and thus is a general protocol for an integrated response. The section begins by outlining the various mandates, and then proceeds from the receipt of a report of child abuse, neglect or abandonment to investigation, case decision, intervention and case closure. Procedures which involve more than one ministry or agency are set out in detail in this section. Procedures which involve only one ministry, agency or professional group are noted but are not described in detail; detailed descriptions of these are contained in Part II in the sections devoted to specific ministries and groups.

Because several different agencies may intervene in cases for various purposes, it is crucial that the total response be integrated. To achieve this, everyone involved should become familiar with the roles and procedures described below. Additionally, all local protocols should be consistent with this and other sections of the handbook.

Although the procedures below apply primarily to cases of abuse within the family, they can be adapted to cases of non-familial abuse but many of the steps will be unnecessary. Where the abuse was not perpetrated by a member of the child's household, the safety of any children involved can normally be assured by the parents and by removal of the alleged offender from the scene, for example the suspension of a correctional officer or day care worker from his duties pending the outcome of the investigation. Where this occurs, intervention in the family by the Superintendent of Family and Child Service would be unnecessary, and the superintendent's role will generally be limited to ascertaining the facts, determining that appropriate steps have been taken by the parents and others to assure the safety and well being of the children involved, and assisting the parents and children involved as needed and requested. Therefore, procedures respecting intervention in the family will be inapplicable. Where the alleged

abuse occurs outside the home, those involved should be sensitive to the upsetting effect the allegation can have on persons working in the day care centre, school, or other facility.

1. Mandates to investigate and intervene

Pursuant to the *Family and Child Service Act* the superintendent or her delegate must investigate all reports that a child may be in need of protection and, if necessary, take further action to protect the child. These investigations are conducted by Ministry of Social Services and Housing social workers who are delegates of the superintendent. The purpose of the superintendent's intervention is to protect the child or children involved; the superintendent must ensure that this is done. If the superintendent determines that no child is in need of protection, her mandate to intervene ceases.

The police are responsible for criminal investigations. Physical abuse of a child, sexual abuse of a child, and withholding the necessities of life from a child are all forms of criminal conduct. The purpose of police intervention is to enforce the criminal law.

A medical health officer must investigate when abuse or neglect has allegedly occurred in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations. A specific protocol for these cases is included in Part III of this handbook. The purpose of the medical health officer's intervention is to determine whether the facility's licence to operate should be revoked.

The school board and College of Teachers are mandated to act when abuse or neglect was allegedly perpetrated by a school board employee or a member of the College of Teachers. The purpose of their intervention is to ensure that a teacher or other school board employee who abuses children cannot continue to work in a position of trust respecting children.

2. Obtaining information from the person reporting

- a. Obtaining information from an adult reporter:** It is important to obtain as much detail as possible from the person reporting. This is necessary to assess the urgency of the child's immediate situation, and may be essential at a later stage of the process should civil or criminal court action be required. In most cases the report will be made to a Ministry of Social Services and Housing social worker. But where a person reports to another agency, the same information should be obtained so it can be passed on to the social worker, and the person reporting should be advised of her legal duty to report the matter directly to a social worker.

As much of the following information as possible should be obtained from the person reporting:

- The full name, age, birthdate, sex and address of the child or children concerned. The child's place of residence is necessary to determine which Ministry of Social Services and Housing office will handle the matter.
- The full names and addresses of the parents.
- The full name and address of the alleged offender and any other information that may assist in locating or identifying the offender.
- The name, address and telephone number of the person reporting. It may be necessary to re-check information with the reporter or to call the reporter as a witness in subsequent court proceedings. The person calling should be assured that his identity will not be divulged during the Ministry of Social Services and Housing initial investigation, but should also be advised that he may be called as a witness. The social worker's ability to intervene appropriately may depend on being able to corroborate the facts and this may be possible only with the reporter's assistance.
- Full details of the incident or situation which has precipitated the report, including when and where the abuse or neglect took place. The place of the alleged abuse is necessary to determine which police force or detachment should be involved. Encourage the reporter to be specific. What particular aspects of the child's care or treatment have raised concern? For example, if the reporter refers to a child "being left alone a lot," try to obtain specific dates and time periods.
- Whether the child is entitled to or has Native Indian status and the name of the band, if known.

b. Obtaining information from a child: When a child discloses information concerning abuse or neglect, the person receiving the disclosure should bear in mind that the child will be formally interviewed for investigative purposes once a report is made to the Superintendent of Family and Child Service. Thus, persons such as school employees who receive a disclosure should refrain from interviewing the child after receiving the child's initial disclosure. Statements made by a child should be recorded in the child's own words if possible, and the person receiving the disclosure should not ask leading questions, that is, questions which suggest an answer. In the event the child has a disabling condition which impedes his ability to communicate (for example, is hearing impaired), an attempt should be made to obtain assistance in receiving the disclosure from a person who is familiar with the disabling condition. The Ministry of Social Services and Housing is responsible for providing this assistance wherever possible. **A child should be supported during and following a disclosure.**

A report should be made to a Ministry of Social Services and Housing social worker immediately following the disclosure. The person who received the disclosure

should not notify the child's parents; the social worker will assume responsibility for this. If the child appears to be in danger, the social worker will decide what immediate steps should be taken.

3. Notification of other agencies

If the report was received by someone other than a Ministry of Social Services and Housing social worker, a ministry social worker must be notified immediately. Even where the reporter has agreed to contact a ministry social worker, the person who received the report should ensure that this occurred.

When the report is received by a ministry social worker, **the social worker must notify the police immediately where it appears that abuse may have occurred.** The police will then determine whether a criminal offence may have occurred. The police will require the following information:

- the child's name, address and age;
- the name and address of the alleged offender, and any other information which might help to identify or locate the offender;
- when and where the alleged offence(s) took place;
- a brief description of the alleged criminal conduct; and
- the nature and extent of any prior Ministry of Social Services and Housing contact with the child or family.

Other persons who have reason to believe that abuse has occurred may also notify the police, but such notification does not discharge that person's duty to report the matter to the Ministry of Social Services and Housing, nor does it discharge the social worker's responsibility to notify the police.

If the case involves multiple victims or an unusually high impact on the community, Protocol 1 should be followed. If the abuse or neglect allegedly occurred in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations, the **medical health officer** must be notified and Protocol 2 should be followed. The **medical health officer** should also be notified where abuse or neglect allegedly occurred in a child care facility which is unlicensed but ought to be licensed, that is, a facility in which care is provided to three or more children not related by blood or marriage to the operator. If the abuse or neglect of a child was allegedly perpetrated by a school board employee and is directly related to that person's position of trust as a school board employee, the **superintendent of schools** must be notified and Protocol 3 applies.

4. The Ministry of Social Services and Housing protection investigation

The ministry social worker must conduct a protection investigation consisting of the steps listed below. Details of these steps are contained in the Ministry of Social Services and Housing section of this handbook.

- a. A records check.**
- b. Seeing the child.**
- c. Assessment of the nature and extent of any immediate risk** to the child.
- d. Protecting the child:** If it appears that the child's safety is endangered and cannot be assured by other means, the child must be apprehended before the investigation proceeds further.
- e. Maintaining proper records.**
- f. Completing the investigation:** This includes but is not limited to:
 - obtaining the child's explanation for and perception of events;
 - gathering information about the parent-child relationship, and observing the parent and child together if possible;
 - checking the child's school record, attendance, progress and school behavior; and
 - interviewing any other person who has information about the case.
- g. Assessing the need for intervention:** The social worker must determine what response is required in consultation with the district supervisor and may consult with other involved professionals where appropriate.

5. The police investigation

The police will investigate every case of alleged child abuse or neglect where it appears to the police that a criminal offence may have been committed. This involves gathering evidence in order to establish the facts and preparing for criminal proceedings where appropriate, and includes:

- obtaining the victim's account of events;
- obtaining a statement from the alleged offender if possible;
- obtaining statements from other witnesses;
- preserving any physical evidence; and
- obtaining medical and other expert opinions.

If possible, the same officer will handle the case from beginning to end. In most RCMP detachments and municipal police forces, these cases are assigned to specially trained officers.

6. Integrated investigation procedures

- a. **Planning the response and keeping other investigators informed:** The social worker, police officer and any other person involved in an investigation (for example, the medical health officer or the superintendent of schools) will meet immediately to plan a joint response, and clarify the roles and responsibilities of each participant. In urgent cases, this can be done by telephone. It is important in planning the response to be aware of the nature and purpose of each necessary investigation, and **it is crucial that the various investigators keep one another informed of their decisions and actions.**
- b. **Where access to the child is denied, obtaining a warrant for access:** If the parent or any other person denies the Superintendent of Family and Child Service access to the child, the superintendent can apply to court pursuant to section 8 of the *Family and Child Service Act* for a warrant authorizing her to enter and search a specified place to investigate whether the child is in need of protection. The police may be required to assist the social worker in these cases.
- c. **Seeing and interviewing the child victim:** Sensitive treatment of the child is a vital consideration. The interview with the child should take place as soon as possible following the disclosure or report, and the number and duration of interviews conducted with a child should be kept to the minimum required to establish rapport and obtain the necessary information. Where possible, the various investigators should arrange jointly for the child's interview; please refer to Appendix C, guidelines for interviewing children, for a full discussion of this point and for general guidance in interviewing children.

Where a child is too young to be interviewed or cannot be interviewed for some other reason such as a handicap, the social worker must still see the child, and examine the child where appropriate. Where communication difficulties caused by a handicap can be overcome by the use of special techniques this should be done, and persons with specialized skills should be called upon if necessary.
- d. **Interviewing other children:** The principles and procedures outlined above and in Appendix C on interviewing the child victim also apply to other children, such as siblings of the victim. The social worker will assess whether any siblings of the victim are in need of protection.
- e. **Medical examination of the child victim:** A medical examination must be arranged by the social worker if injuries are present or suspected, and when sexual abuse is suspected. This should be done with parental consent if possible, but if consent is refused the social worker must apprehend the child before proceeding. Where possible, the social worker should consult with the police, Crown counsel, and the physician who will examine the child prior to the medical examination to ensure that proper steps are taken to obtain and preserve photographic and

physical evidence. Photographic evidence is extremely useful in court proceedings and should be obtained wherever possible; however, this should always be done in a manner sensitive to the child.

A child who may have been sexually assaulted within the last 72 hours should be seen as soon as possible, as should any child with injuries. In some communities certain physicians have developed expertise in this area; these physicians should be used wherever possible.

- f. Contact with the non-accused parent:** The non-accused parent should be contacted as soon as possible without jeopardizing the investigation. If possible, this should be done jointly by the social worker and police officer, or by the social worker in consultation with the police officer. From the social worker's point of view, this contact is diagnostic and supportive in nature, and the social worker must assess the parent's willingness to believe the child's account of events, ability to support the child, ability to protect the child, and the parent's own need for support. The primary purpose of police contact is to establish the facts, and obtain evidence if appropriate.

Non-accused parents should be told:

- where to obtain support services for themselves and their child;
- the police case file number, officer's name and telephone number;
- the social worker's name, office and telephone number;
- immediate steps that will be taken in the case;
- what to expect during the investigative and court processes; and
- how to obtain information about the progress of the case.

- g. Contact with the alleged offender and initial police action respecting the offender:** It is preferable that the police make the initial contact with the alleged offender. Other investigators should avoid contacting the offender without the knowledge and consent of the police unless to do so is necessary to fulfill a legal mandate (e.g., notification of an apprehension).

Whenever it appears that an offence has been committed, police should attempt to ensure that the victim and other children are protected, including the arrest of the offender if legal grounds exist for such action. In determining whether to release the accused, the police and Crown counsel should consider that the offender often lives with or is in frequent contact with the victim, that abuse has often occurred over a long period of time, and that other children may be vulnerable to abuse if the accused goes free. Where there is communication with the alleged offender in the presence of the social worker, the social worker should make verbatim notes if possible.

If the non-accused parent can support and protect the child, and it appears that abuse may have occurred, the police officer and social worker should urge the alleged offender to leave the home if he will not be detained in custody. This may make it possible to ensure the child's safety while the child remains at home, either in the legal custody of the parent or in the legal custody of the Superintendent of Family and Child Service.

Police should keep the social worker and other investigators informed of actions taken, and in particular of an arrest, of charges laid, and of bail conditions. Where no arrest is made, or in an unusual case where it is not covered by the bail conditions, the social worker may consider applying for an order under section 16 (4) of the *Family and Child Service Act* prohibiting the alleged offender from entering the child's residence and from attempting to contact or interfere with the child or any person having custody of or access to the child.

- h. Interviewing other witnesses:** Whenever possible, this should be done cooperatively by the social worker and the police.
- i. Preservation of evidence and obtaining expert evidence:** The police and social worker jointly should ensure that all evidence is preserved in a manner which will not jeopardize its admissibility in court. The social worker, police and Crown counsel should cooperate in obtaining and sharing expert evidence in accordance with local protocols and policies.

7. Integrated intervention procedures

a. Protecting the child — alternatives to apprehension of the child victim:

It may be that the child can be protected while remaining in his home if one or more of the following measures are taken:

- the alleged offender voluntarily leaves the home and agrees not to contact the child and there is reason to believe this will occur;
- the alleged offender is arrested and detained in custody or released on strict bail conditions forbidding contact between the offender and the child (and other children if warranted);
- support services are provided in the home;
- support services such as counselling or psychiatric assistance are provided to the parent, child or family;
- the Superintendent of Family and Child Service assumes custody of the child for a short period with parental agreement; or
- the child is placed with a friend or relative with parental agreement.

Clearly, any plan which involves the arrest and subsequent release of the offender requires cooperation among the social worker, the police, Crown counsel and the probation officer to monitor the situation and ensure the child remains safe.

- b. Provision of support, counselling or referral services to the child and parents:** The social worker and all those involved should ensure that this is done whenever it is required. Counselling, support and referral services may be available through mental health centres, community agencies, school counsellors, church groups, and private practitioners. Victim support workers may be available through police and Crown counsel offices; information on these and other services may be obtained by telephoning 1-800-VICTIMS, a toll-free victim's information line.

Where a crime may have been committed and treatment is required for the child or non-offending parent, application may be made to Criminal Injury Compensation which may provide payment for treatment.

- c. Apprehension of a child:** If the child is not safe in the home, and no arrangement short of apprehension can be made which will ensure the safety of the child, the social worker must apprehend the child.

In the event the social worker is denied access while attempting to apprehend a child, an application can be made under section 9 of the *Family and Child Service Act* for a warrant to enter specified property for the purpose of apprehending the child. Police assistance will often be required in these cases, and should be provided. In cases where no warrant is necessary, the social worker may require police assistance for personal protection or in order to apprehend the child as quickly and peacefully as possible. Again, this assistance should always be provided.

Where the social worker or a police officer has reason to believe that a child is in need of protection and the child is in immediate physical danger, he may without warrant enter any premises, using force if necessary, and where he considers it necessary to do so, apprehend the child.

- d. Protection proceedings:** Whenever a child is apprehended, family court proceedings must be commenced within seven days of the apprehension. These can ultimately result in:

- return of the child to the parent apparently entitled to custody;
- return of the child to the parent under the supervision of the Superintendent of Family and Child Service;
- an order granting temporary custody to the superintendent with or without parental access; or
- an order granting permanent custody to the superintendent.

A child in the custody of the superintendent will be cared for in an approved child care resource, such as a foster home, group home, or, in some cases, the child's own home.

In order to obtain custody or supervision of a child, the superintendent must show that the child is in need of protection. To do this, those with information about the case such as police officers, neighbors, physicians, or teachers may have to appear as witnesses. These persons should provide information to the superintendent beforehand to ensure that all pertinent evidence is produced in court.

The social worker should keep the non-accused parent, the police, and other investigators informed of the status of the proceedings. The accused parent will probably have legal counsel, who will keep that parent informed. The social worker should inform a parent who does not have legal counsel of her right to counsel.

e. Criminal proceedings:

Charging: Prosecution of child abuse cases will normally be pursued when sufficient evidence exists. Offences involving child abuse are serious crimes and therefore, as a general rule, diversion is inappropriate.

Designation of staff: Where possible, the case should remain with the same Crown counsel. In many areas, one or more Crown counsel specialize in these cases.

Detention orders and conditions of release: It is often appropriate to apply for an order that the accused remain in custody, or for a release condition forbidding contact with the child victim and other children.

Trial scheduling: Child abuse cases should be given priority in trial scheduling.

Informing others of the status of the case: The social worker, non-accused parent, and any other investigators such as the medical health officer or superintendent of schools should be kept informed of the status of the case, including adjournments, changes of plea, a stay of proceedings, and final disposition at trial. Likewise, the social worker should keep the police informed of his actions.

Victim impact statement: Crown counsel should ensure that the non-accused parent knows that a statement can be made, how to make it and the consequences of making it.

f. Child witnesses: When a child must testify in either protection proceedings or criminal proceedings, the assistance of a person trusted by the child should be obtained to help prepare and support the child through the process. In criminal cases, victim support workers under the Victim Assistance Program will be available through the police, Crown counsel offices, or certain community agencies to assist the child and his companion. Special materials are available and should be used in preparing the child.

Court Services should ensure that a separate and peaceful waiting area is available to the child.

In criminal cases, it may be appropriate to have videotape evidence adopted by the child or have the child testify by video hookup or behind a screen. In civil cases, videotape evidence can be used, and a child can sometimes give evidence in the judge's chambers rather than in open court. Videotaping should be done in accordance with local policies and protocols.

- g. Return of a child to the parent:** Any decision by a social worker to return a child who has been apprehended must be made by the social worker in consultation with the district supervisor or designated substitute in her absence, and may involve consultation with other professionals where appropriate.

The social worker may return a child who has been apprehended prior to or immediately following the first court appearance, or report to court, if the child will be safe at home. For example, this could occur when a child was apprehended for the purpose of being medically examined and it is determined that no abuse took place, or when the alleged offender has been detained in custody or forbidden contact with the child as a bail condition and the non-accused parent can protect and support the child.

A report to court must still be made in these cases, and the judge will make one of the orders permitted by section 11 of the *Family and Child Service Act*.

If the child has been apprehended and ordered into the custody of the superintendent, the social worker must monitor and assess the case to determine whether and when a return is warranted. Guidelines for making this decision appear in the Ministry of Social Services and Housing section of this handbook.

- h. Continuing provision of services to the child and family:** The impact of abuse on children and their families as well as the impact of the investigative process itself will sometimes be felt long after the investigation is complete. In these cases, special services may be required. In day care centres or schools, children may need to have a resource person designated as someone to whom the child can turn for help, and other people in the facility who have close contact with the child may need to know that unusual behaviors or reactions may occur. It is the responsibility of the custodial parent or guardian to inform day care or school staff about the situation; others should take care to comply with confidentiality requirements. The family and older child may find it helpful to have an understanding of some of the more common reactions to abuse at various developmental stages during the child's growth. This will help all those involved to react appropriately to their own or others' responses. When the abuse has been long-standing, when it has occurred within a family, when it has been particularly hurtful, when the victim or the family is dysfunctional in other areas, or in a variety of other circumstances, a

serious mental or emotional disorder may be present. In these cases, assessment and treatment are recommended and may be provided through private agencies, private practitioners, psychiatrists, or mental health centres. When there is concern about a child's mental or emotional well being a referral should be made to one of these resources by the social worker, who should also make appropriate referrals for other family members.

- i. Treatment and supervision of offenders:** Corrections staff should ensure that persons under the supervision of, or in the custody of the Corrections Branch who are accused or convicted of child abuse offences are ordered or encouraged to seek counselling or treatment, and are assisted in obtaining the necessary referrals or assessment for such treatment.

Because child abuse is a serious crime, accused persons or convicted offenders who are released to community supervision on bail, probation, temporary absence or parole should be given high priority and intensive supervision. Any community release should be made known to the investigating police officer and to the police in the community to which the offender is released, if different.

Where counselling or treatment is court-ordered, corrections staff should take particular care to monitor and enforce the order, report any apparent breach to Crown counsel and do whatever is necessary to assist in the prosecution of a breach.

- j. Child and adolescent offenders:** A significant number of child abuse offenders are adolescents, and some offenders are under age 12. Because persons who offend as children or adolescents may continue to offend as adults, early intervention and treatment is crucial. Young people between the ages of 12 and 18 may be charged with an offence under the *Young Offenders Act*. Where an adolescent is before the court, it may be appropriate to request an order for treatment and supervision, depending on the circumstances, to ensure that treatment occurs.

In cases where the offender is young, it is important to determine whether the offender has also been a child abuse victim. Where this is so, those involved must attempt to protect and treat the young person, while at the same time ensure that he or she does not continue to abuse other children.

Psychiatric assessment for young offenders is provided by Juvenile Services to the Court in Vancouver, forensic clinics in Victoria and Vancouver, travelling forensic clinics in some areas, designated *Young Offenders Act* psychologists in some mental health centres, and private practitioners. Assessment and treatment for offenders under the age of 12 is provided in mental health centres and by private practitioners.

- k. Conflict resolution:** All those involved should make every effort to resolve conflicts as they arise. Any conflicts which cannot be resolved should be referred to senior management through normal channels.

- 1. Notification of case closure:** Each of the ministries and agencies involved should notify the others when it has been determined that action on a case will cease and the case will be closed. It may also be appropriate to notify others who have provided assistance of the outcome of the case, such as expert witnesses, foster parents, and teachers.

The Roles of

PART II. *Specific Ministries*

A. The Ministry of Social Services and Housing

In order to present a truly integrated approach to child abuse, much of the information required by those who must respond to child abuse is covered in the overview. This includes a summary of the relevant law, the principles governing confidentiality of information, working definitions of abuse and neglect, the scope of the obligation to report, and an integrated approach to investigation and intervention which spells out each person's role. In order to acquire an understanding of the role of a particular professional or occupational group in the context of an integrated approach, it is essential to read the overview. Thus, this section is not designed to be read alone, but rather is intended to supplement the basic information contained in the overview.

This section is divided into the following parts:

- Legal mandate
- Receiving a report
- Historical abuse and neglect
- Integrated investigation procedures
- Integrated intervention procedures
- Abuse or neglect in a facility outside the home and other non-familial abuse or neglect.

1. Legal mandate

The Family and Child Service Act, which is reprinted as an appendix in this handbook, comprises the main body of child protection law in British Columbia. It creates the position of the Superintendent of Family and Child Service, and empowers the superintendent to take action to protect children. Section 1 of the act defines those circumstances in which a child is in need of protection, and section 7 creates a public duty to report such circumstances to the superintendent. Once a report is received, the superintendent must investigate it.

If it appears that a child is in need of protection, the superintendent may apprehend the child and apply to the court for an order of temporary custody, an order of permanent custody, or an order for supervision of the care of the child. If the superintendent or a

police officer has reasonable grounds to believe that a child is in need of protection and that the child is in immediate physical danger, he may enter any premises, forcibly if necessary, and, if he considers it necessary to do so, apprehend the child. If the superintendent is denied access to a child either to investigate a report or while attempting to apprehend the child, the superintendent may apply to court for a warrant to enter specified property to investigate or apprehend the child. The act also allows the superintendent to assume custody of a child on a temporary basis by agreement with the parent.

The act permits the superintendent to delegate her powers, duties, functions and capabilities, and in practice the superintendent delegates child protection powers and functions to social workers in the Ministry of Social Services and Housing. Police officers are also delegates of the superintendent for the purpose of apprehending children.

Although the superintendent's ultimate remedy is the apprehension of a child, the policy of the Ministry of Social Services and Housing is to attempt to avert a serious protection situation from developing by assisting the child and family through the provision of support, services, appropriate referrals, or by assuming custody of the child for a limited period of time by agreement with the parents.

2. *Receiving a report*

Each district office will ensure that social workers are available to receive reports of child abuse, neglect, and abandonment. The social worker should obtain as much of the following information as possible from the person reporting:

- a. The full name, age, birthdate, sex and address of the child or children concerned.
- b. The full names and addresses of the parents.
- c. The full name and address of the alleged offender and other information which may help to locate or identify the offender.
- d. The name, address and telephone number of the person reporting. It may be necessary to re-check information with the reporter or to call the reporter as a witness in subsequent court proceedings. The person calling should be assured that his identity will not be divulged during the Ministry of Social Services and Housing initial investigation, but should also be advised that he may be called as a witness. The social worker's ability to intervene appropriately may depend on being able to corroborate the facts and this may be possible only with the reporter's assistance.
- e. Full details of the incident or situation which has precipitated the report, including when and where the abuse or neglect took place. The place of the alleged abuse is necessary to determine which police force or detachment should be involved. Encourage the reporter to be specific. What particular aspects of the child's care or

treatment have raised concern? For example, if the report refers to a child "being left alone a lot," try to obtain specific dates and time periods.

- f. Whether the child is entitled to or has Native Indian status and the name of the band, if known, so that the band can be notified about the court hearing.

3. Historical abuse and neglect

When a report concerns abuse or neglect which occurred in the past, the social worker must determine whether a protection investigation is warranted. This will involve a determination of whether there are reasonable grounds to believe any child or children may be in need of protection. There may well be reasonable grounds to believe a child is at risk where the offender is in regular contact with a child or children, irrespective of whether it is the same child or children who were abused in the past. These determinations can be difficult, should be done in consultation with a supervisor, and a judgement should be made based on the circumstances of each individual case. The social worker should inform the police of any case in which it appears abuse occurred, whether or not there are any current protection concerns.

4. Integrated investigation procedures

The social worker must investigate the report in order to determine whether the child is in need of protection, and must take steps to protect the child if necessary. The investigation normally consists of the steps listed below. The order of the steps may vary, depending on the exigencies of the case; protection of the child must always come first.

It is crucial for the social worker to be aware that other persons may also be conducting investigations, particularly the police, and for the social worker to conduct the investigation in a manner which will achieve an integrated response wherever possible. The investigative procedures described below are designed to cover situations in which the police are also investigating. In cases in which there is no criminal investigation, many of the procedures involving coordination with the police will be inapplicable; these should be clear from the context.

These investigation procedures apply primarily to abuse or neglect within the family. However, the superintendent's mandate applies whenever a child may be in need of protection, whether or not the alleged abuse occurred in the child's household. Where the abuse was not perpetrated by a member of the child's household, the safety of any children involved can normally be assured by the parents, and by removal of the alleged offender from the scene, for example the suspension of a teacher or day care worker from his duties pending the outcome of an investigation by the superintendent of schools or medical health officer. It should be remembered that the superintendent's ultimate remedy is the apprehension of the child, and that other agencies have the responsibility for the removal of the offender where warranted. In cases where abuse or

neglect allegedly occurred in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations, where the alleged abuser is a school board employee, or where the abuse involves multiple victims or an unusually high impact on the community all investigators should follow the appropriate protocol; protocols for these situations are contained in part III of this handbook. Cases in which abuse or neglect allegedly occurred in an unlicensed facility, or in which the abuse or neglect was perpetrated by a person who is not a member of the child's household are covered in section 6.

- a. **Records check:** The social worker should check to determine whether there has been prior ministry contact with the family. A records check may also include court, police, corrections, school, day care and public health records as appropriate.
- b. **Notification of other agencies:** When the report is received by a ministry social worker, **the social worker should notify the police immediately if it appears that abuse may have occurred.** The police will then determine whether a criminal offence may have occurred. The police will require the following information:
 - the child's name, address and age;
 - the name and address of the alleged offender, and any other information which might help locate or identify the offender;
 - when and where the alleged offence(s) took place;
 - a brief description of the alleged criminal conduct; and
 - the nature and extent of any prior Ministry of Social Services and Housing contact with the child or family.

If the case involves multiple victims or an unusually high impact on the community, Protocol 1 should be followed. If the abuse or neglect allegedly occurred in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations, the **medical health officer** must be notified and Protocol 2 should be followed. The **medical health officer** should also be notified where abuse or neglect allegedly occurred in a child care facility which is unlicensed but ought to be licensed, that is a facility in which care is provided to three or more children who are not related by blood or marriage to the operator. If the abuse or neglect was allegedly perpetrated by a school board employee and is directly related to that person's position of trust as a school board employee, the **superintendent of schools** must be notified and Protocol 3 applies.

- c. **Planning the response and keeping other investigators informed:** The social worker, police officer and any other person involved in an investigation (for example, the medical health officer or the superintendent of schools) will meet immediately to plan a joint response and clarify the roles and responsibilities of

each participant. In urgent cases, this can be done by telephone. It is important in planning the response to be aware of the nature and purpose of each necessary investigation, and **it is crucial that the various investigators keep one another informed of their decisions and actions.** The guidelines in the confidentiality section of the overview respecting the sharing of information should be followed.

d. Assessing the nature and extent of any immediate risk to the child: Once a report is received, the social worker must determine whether there is any immediate risk to a child, and take any necessary steps to protect the child. The guidelines listed below may assist the social worker in making this determination. However these are guidelines only and, in the final analysis, the social worker must make a judgement based on the circumstances of each individual case.

- **Age of the child.** The younger the child the more likely she is to sustain lasting trauma or to be fatally injured. She is less visible in the community than an older child and therefore at greater risk since monitoring is more difficult.
- **Severity of the injury.** Broken bones, head injuries, extensive burns or severe multiple bruising may result from outbursts of violence which are indicative of a lack of impulse control or psychological problems which place the child at great risk.
- **Parental response.** Parents who react to intervention with unreasonable denial or anger, or an attempt to justify the abuse are likely to be less accessible to help and may react violently to the child who has "reported" if he is left in the home.
- **Parental experience.** Parents who have experienced abuse or deprivation in their own childhood and have been unable to deal with it effectively may be more likely to repeat the pattern of their experience with their own children.
- **Isolation.** Abusive parents are often very isolated people with few close friends or family members. Their isolation may contribute to the abuse since they have no one to turn to for help in crisis situations.
- **Parental attitude to the child.** Parents may set unreasonable expectations for their child and be angry with the child's failure to meet these standards or frustrated because the child cannot meet their needs.
- **Special needs of the child.** Parents of children with special needs such as a physical or mental handicap or of a very young child who cries a lot may have excessive demands on their time and attention, creating tensions from which an abusive incident may arise.

- **Family stress.** Parents under stress because of marital conflict, unemployment, loss of a close relative or friend, or subject to other similar environmental pressures may take out their frustration on a child.

Wherever there is reason to believe that a child's safety is endangered and cannot be assured by other means, the social worker must apprehend the child before proceeding with the investigation. It is important to be aware that the investigation itself will often be seen as a threat to the parents and may place the child at risk.

- e. **Where access to the child is denied, obtaining a warrant for access:** If the parent or any other person denies the social worker access to the child, the social worker can apply to court pursuant to section 8 of the *Family and Child Service Act* for a warrant authorizing her to enter and search a specified place to investigate whether the child is in need of protection. The police may be required to assist the social worker in these cases.
- f. **Seeing and interviewing the child victim:** Sensitive treatment of the child is a vital consideration. The interview with the child should take place as soon as possible following the disclosure or report, and the number and duration of interviews conducted with a child should be kept to the minimum required to establish rapport and obtain the necessary information. Where possible, the various investigators should arrange jointly for the child's interview. Please refer to Appendix C, guidelines for interviewing children, for a full discussion of this point and for general guidance on interviewing children.

Where a child is too young to be interviewed or cannot be interviewed for some other reason such as a handicap, the social worker must still see the child, and examine the child where appropriate. Where communication difficulties caused by a handicap can be overcome by the use of special techniques this should be done, and persons with specialized skills should be called upon if necessary.

- g. **Interviewing other children:** The principles and procedures outlined above and in Appendix C on interviewing the child victim also apply to other children, such as siblings of the victim. The social worker will assess whether any siblings of the victim are in need of protection.
- h. **Medical examination of the child victim:** A medical examination must be arranged by the social worker if injuries are present or suspected, and when sexual abuse is suspected. This should be done with parental consent if possible, but if consent is refused the social worker must apprehend the child before proceeding. If possible, the social worker should consult with the police, Crown counsel, and the physician who will examine the child prior to the medical examination to ensure that proper steps are taken to obtain and preserve photographic and physical evidence. Photographic evidence is extremely useful in court proceedings and

should be obtained wherever possible; however, this should always be done in a manner sensitive to the child.

A child who may have been sexually assaulted within the last 72 hours should be seen as soon as possible, as should any child with injuries. In some communities certain physicians have developed expertise in this area; these physicians should be used wherever possible.

- i. **Contact with the non-accused parent:** The non-accused parent should be contacted as soon as possible without jeopardizing the investigation. If possible, this should be done jointly by the social worker and police officer or by the social worker in consultation with the police officer. From the social worker's point of view, this contact is diagnostic and supportive in nature, and the social worker must assess the parent's willingness to believe the child's account of events, ability to support the child, ability to protect the child, and the parent's own need for support. The primary purpose of police contact is to establish the facts, and obtain evidence if appropriate.

Non-accused parents should be told:

- where to obtain support services for themselves and their child;
- the social worker's name, office and telephone number;
- the police case file number, officer's name and telephone number;
- immediate steps that will be taken in the case;
- what to expect during the investigative and court processes (this should be done in a non-alarming manner); and
- how to obtain information about the progress of the case.

- j. **Contact with the alleged offender and initial police action respecting the offender:** When the police are investigating, it is preferable that the police make the initial contact with the alleged offender. The social worker should avoid contacting the offender without the knowledge and consent of the police unless to do so is necessary to fulfill a legal mandate (e.g., notification of an apprehension). Where the social worker does have contact with the offender, verbatim notes should be made if possible.

Whenever it appears that an offence has been committed, police should attempt to ensure that the victim and other children are protected, including the arrest of the offender if legal grounds exist for such action. In determining whether to release the accused, the police and Crown counsel should consider that the offender often lives with or is in frequent contact with the victim, that abuse has often occurred over a long period of time, and that other children may be vulnerable to abuse if the accused goes free.

If the non-accused parent can support and protect the child, and it appears that abuse may have occurred, the police officer and social worker should urge the alleged offender to leave the home if he will not be detained in custody. This may make it possible to ensure the child's safety while the child remains at home, either in the legal custody of the parent or in the legal custody of the superintendent.

Police should keep the social worker informed of actions taken, and in particular of an arrest, of charges laid, and of bail conditions. The social worker may then consider applying for an order under section 16 (4) of the *Family and Child Service Act* prohibiting the alleged offender from entering the child's residence and from attempting to contact or interfere with the child or any person having custody of or access to the child.

- k. Interviewing other witnesses:** Whenever possible, this should be done cooperatively by the social worker and the police.
- l. Preservation of evidence and obtaining expert evidence:** The social worker and police jointly should ensure that all evidence is preserved in a manner which will not jeopardize its admissibility in court. The social worker, police and Crown counsel should cooperate in obtaining and sharing expert evidence in accordance with local protocols and policies. It is particularly important in child abuse cases to obtain and consider expert evidence at an early stage, because the findings of experts may have a bearing on the investigation and preparation of the case.
- m. Assessment and case decision:** The decision on the need for intervention and the appropriate form of intervention must be made by the social worker in consultation with the district supervisor or designated substitute in her absence, and, where appropriate, in consultation with other involved professionals.

The outcome of an investigation may be:

- a determination that no further action is required;
- referral to another ministry or agency for individual or family counselling, psychiatric assessment or treatment, or other services directed towards problems which are related to the abuse or neglect of the child;
- provision of support services by the ministry;
- placement in a foster home or other approved child care resource by agreement with the parent to provide temporary relief for the parent or care for a child with special needs; and/or
- apprehension of the child and application to the court for an order of temporary or permanent custody or for supervision of the care of the child.

A case plan should be developed in all cases where services are to be provided or some other form of intervention is required.

- n. Opening a file:** In every case in which services are provided or intervention is required, a file must be opened and registered with the Management Information System.

5. Integrated intervention procedures

- a. Protecting the child — alternatives to apprehension:** It may be that the child can be protected while remaining in his home if one or more of the following measures are taken:
- the alleged offender voluntarily leaves the home and agrees not to contact the child and there is reason to believe the alleged offender can be trusted to do this and the non-offending parent is seen as able to protect the child;
 - the alleged offender is arrested and detained in custody or released on strict bail conditions forbidding contact between the offender and the child (and other children if warranted) and the non-offending parent is seen as able to protect the child;
 - support services are provided in the home;
 - support services such as counselling or psychiatric assistance are provided to the parent, child or family;
 - the Superintendent of Family and Child Service assumes custody of the child for a short period with parental agreement;
 - the child is placed with a friend or relative with parental agreement.

Clearly, any plan which involves the arrest and subsequent release of the offender requires cooperation among the social worker, police officer, Crown counsel and the probation officer to ensure that the child remains safe.

- b. Provision of support, counselling or referral services to the child and parents:** This is a priority. The social worker and all those involved should ensure that this is done whenever it is appropriate. Counselling, support and referral services may be available through mental health centres, community agencies, school counsellors, church groups, and private practitioners. Victim support workers may be available through police and Crown counsel offices; information on these and other services may be obtained by telephoning 1-800-VICTIMS, a toll-free victims' information line.

Where a crime may have been committed and treatment is required for the child or non-offending parent, application may be made to Criminal Injury Compensation which may provide payment for treatment.

- c. Apprehension of a child:** If the child is not safe in the home, and no arrangement short of apprehension can be made which will ensure the safety of the child, the social worker must apprehend the child.

In the event the social worker is denied access to property while attempting to apprehend a child, an application can be made under section 9 of the *Family and Child Service Act* for a warrant to enter the property for the purpose of apprehending the child. Police assistance will often be required in these cases, and should be provided. In cases where no warrant is necessary, the social worker may also require police assistance for personal protection or in order to apprehend the child as quickly and peaceably as possible. Again, this assistance should always be provided.

Where a social worker who is a delegate of the superintendent or a police officer has reason to believe that a child is in need of protection and the child is in immediate physical danger, he may without warrant enter any premises, using force if necessary, and where he considers it necessary to do so, apprehend the child.

d. Protection proceedings: Whenever a child is apprehended, family court proceedings must be commenced within seven days of the apprehension. These can ultimately result in:

- return of the child to the parent apparently entitled to custody;
- return of the child to the parent under the supervision of the Superintendent of Family and Child Service;
- an order granting temporary custody to the superintendent with or without parental access; or
- an order granting permanent custody to the superintendent.

A child in the custody of the superintendent will be cared for in an approved child care resource such as a foster home, group home, or, in some cases, the child's own home.

In order to obtain custody or supervision of a child, the superintendent must show that the child is in need of protection. To do this, those with information about the case such as police officers, neighbors, physicians, or teachers may have to appear as witnesses. These persons should provide information to the social worker and the superintendent's legal counsel beforehand to ensure that all pertinent evidence is produced in court.

The social worker should keep the non-accused parent, the police, and other investigators informed of the status of the proceedings. The accused parent will probably have legal counsel, who will keep that parent informed. The social worker should inform a parent without legal counsel of her right to counsel.

e. Case monitoring: Once a case decision has been made and implemented, the social worker should monitor the situation to ensure that the child's safety and well being are continually assured. A plan which involves referral to the services of another agency or ministry does not relieve the social worker of responsibility for

ensuring that the child's safety and well being are not jeopardized. When more than one ministry or agency is involved, communication must be maintained for effective monitoring.

- f. **Return of a child to the parent:** Any decision to return a child must be made by the social worker in consultation with the district supervisor or designated substitute in her absence, and should involve consultation with other professionals where appropriate.

The social worker may return a child who has been apprehended prior to or immediately following the first court appearance or report to court, if the child will be safe at home. For example, this could occur when a child was apprehended for the purpose of being medically examined and it turns out that no abuse took place, or when the alleged offender has been detained in custody or forbidden contact with the child as a bail condition and the non-accused parent can protect and support the child. A report to court must still be made in these cases, and the judge will make one of the orders permitted by section 11 of the *Family and Child Service Act*.

Where a child has been apprehended and ordered into the custody of the superintendent, the following guidelines may assist the social worker, in consultation with the district supervisor, in determining when the child can safely be returned. However, these are guidelines only, and the decision must be based on the circumstances of the individual case.

Return of the child may be considered if:

- **the child is less vulnerable** because of her age, treatment or intervention, more able to protect herself, and more visible in the community because she is attending school or another facility outside the home;
- **the parents have acknowledged responsibility** for the incident(s) leading to the child's apprehension and have engaged in appropriate counselling or treatment;
- **the parents have established appropriate supports** in the community and know where to obtain help;
- **the parents' attitudes toward the child have changed** in that they are able to set realistic expectations and to see the child as an individual with separate needs;
- **the parents are receiving help with a special needs child**, such as special needs day care or respite care; and/or
- **the parents are able to meet each other's needs** more appropriately than before and have taken or are taking steps to resolve sources of stress within the family.

g. Continuing services after a child is returned: A period of continued family service may be required following the return of the child. This should be done with the cooperation and involvement of the parents as the ministry has no legal mandate to continue to intervene when an order of temporary custody terminates. Parental refusal to cooperate may affect the decision regarding the return of the child.

h. Case closure: Before a case is closed, there should be a sustained period of positive family functioning coupled with a gradual diminishing of ministry involvement.

Before closing a case, the social worker should:

- let the parents, child, and other involved agencies know that the door is open, that is, that ministry staff are interested and available should assistance be required in the future; and
- inform the police and other professionals who have been involved in the case that the case will be closed.

6. Abuse or neglect in a facility outside the home and other non-familial abuse or neglect

The mandate of the Superintendent of Family and Child Service to protect children is not limited to cases in which the perpetrator of abuse or neglect is a member of the child's household. The superintendent must investigate and intervene if necessary whenever a child is in need of protection. However, it must be emphasized that parents are responsible for protecting their children, and intervention by the superintendent is normally necessary only where the parents have failed to fulfill this responsibility. In cases where abuse or neglect occurs in a facility outside the home, or is otherwise perpetrated by a person who is not a member of the child's household, several steps should be taken:

- a. The parents should act** to protect their child by ensuring that the child does not have further contact with the person who allegedly abused or neglected that child or other children.
- b. Where it appears that a criminal offence has been committed, the police should conduct a criminal investigation** and make an arrest where there are legal grounds to do so. Where an arrest has been made and the accused has been released, all agencies should monitor the case to ensure that bail conditions are observed.
- c. The ministry, agency, society or person responsible for the facility should act** to assure the children in the facility are safe. The person in direct charge of the facility must respond appropriately to ensure that child abuse and neglect are dealt

with firmly and immediately. This may involve the suspension of a staff member pending the outcome of an investigation, or closure of the facility pending further action.

The types of facilities in which abuse or neglect may occur generally fall into one of the following categories:

- child care facilities subject to the inspection of the medical health officer.
- facilities offering a private service such as private schools, residential or otherwise, or unlicensed day care centres.
- facilities for which other ministries are responsible where children are placed or attend from time to time or regularly, such as correctional centres, public schools, hospitals and other public institutions.
- facilities operated by private societies. The ministry contracts with some of these for specific services to children for whom the ministry is responsible under the *Family and Child Service Act*.

When abuse or neglect allegedly occurs in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations, Protocol 2 in this handbook should be followed. Where abuse or neglect allegedly occurs in a child care facility which is unlicensed but ought to be licenced (a facility in which care is provided to three or more children not related by blood or marriage to the operator) the matter should be reported to the medical health officer. When abuse or neglect was allegedly perpetrated by a school board employee, Protocol 3 applies. In all other cases, social workers should follow the guidelines below.

It is important to remember that the superintendent's ultimate protection remedy is removal of the child from the home. This would clearly be inappropriate where any or all of the steps noted above (in paragraphs a–c) are taken and the safety of the child or children involved thereby is assured. Thus, where abuse or neglect is not the result of the parents' actions or of their failure to act, the superintendent's role is as follows:

Investigate to establish the facts. The investigation will be coordinated with the police, other involved ministries or agencies, and those responsible for the operation of the facility as appropriate.

Ensure that the police are notified whenever it appears abuse may have occurred. **Provide support**, counselling or referral service to the parents and children as needed and requested.

Document and report any problems noted in the investigation to the ministry, agency, society or other person responsible for the facility so that corrective action can be taken.

Where appropriate action is not taken by those responsible and there is reason to believe children remain at risk, the social worker shall refer the matter to the regional director for further direction.

B. The Justice Ministries:

The Ministries of Attorney General and Solicitor General

In order to present a truly integrated approach to child abuse, much of the information required by those who must respond to child abuse is covered in the overview. This includes a summary of the relevant law, the principles governing confidentiality of information, working definitions of abuse and neglect, the scope of the obligation to report, and an integrated approach to investigation and intervention which spells out each person's role. In order to acquire an understanding of the role of a particular professional or occupational group in the context of an integrated approach, it is essential to read the overview. Thus, this section is not designed to be read alone, but rather is intended to supplement the basic information contained in the overview. The procedures outlined in this section, in conjunction with those in the overview, are intended to serve as the basis of local inter-agency protocols.

This section is divided into the following parts:

- Introduction
- The role of the justice system
- Police
- Crown counsel
- Corrections
- Court services

1. Introduction

The Justice Ministries administer criminal justice in the province, and therefore are concerned with child abuse and neglect whenever it appears that a criminal offence may have occurred. The ministries' responsibilities include police investigation, Crown prosecution, the provision of court services and the administration of sentences. In addition to these traditional roles, the ministries have recently initiated victim assistance programs to provide support for the victims of crimes as they proceed through the justice system. This increased emphasis on supporting the victims of crime means that the police, Crown counsel, court services personnel and corrections officers will be focusing more on this aspect of the administration of justice, and that support services to abuse victims as they proceed through the justice system will be more readily available.

For the response to child abuse to be effective, it is essential that the various components of the justice system work in close cooperation with each other as well as with

other ministries and agencies. While the legal responsibilities of those in the justice system are the same throughout the province, methods of ensuring inter-agency cooperation will vary somewhat from area to area, depending on the needs and circumstances of local communities. Large urban police forces and Crown counsel offices have different capabilities and requirements than small, isolated detachments and offices. However, the guidelines set out below will serve as a basis for local approaches.

2. The role of the justice system

- a. In child protection:** The major role in child protection is played by the Superintendent of Family and Child Service and the social workers to whom the superintendent delegates child protection functions. However, the police play a crucial role in assisting social workers to fulfill these functions by standing by to keep the peace, or acting to protect a child where necessary. Where the social worker cannot apprehend a child without assistance, the police officer will assist in the apprehension, make the apprehension, or, if appropriate, make an arrest. Since the police provide 24-hour service, they are often the only authority available in emergency child abuse situations.

The *Family and Child Service Act*, which is reprinted in this handbook as an appendix, is the governing provincial legislation respecting child protection. The act requires the superintendent to investigate reports that a child is in need of protection, and permits the superintendent to apprehend without warrant a child she considers to be in need of protection. **Police officers are delegates of the superintendent for the purpose of apprehending a child in need of protection.** Where the superintendent is denied access to property while attempting to investigate or apprehend, a warrant to enter the property can be obtained *ex parte*. Social workers will often require police assistance in these situations. **Where the superintendent or a police officer has reason to believe that a child is in need of protection and the child is in immediate physical danger, subsection 9 (3) of the act allows him to enter any premises, using force if necessary, and, where he considers it necessary to do so, apprehend the child.** Where a police officer apprehends a child under subsection 9 (3), he must immediately report the matter to the superintendent, and the superintendent will assume custody of the child.

- b. In criminal investigation and prosecution:** Abuse or neglect of a child may constitute a criminal offence. Police are responsible for criminal investigations in these cases, and Crown counsel are responsible for criminal prosecutions.

Police should be aware that their involvement may arise as a result of a report from a ministry employee, another agency or a member of the public, or as a result of an officer's own observation of a situation of possible abuse or neglect.

The police will conduct a detailed and thorough investigation in every case where, in their judgement, a criminal offence may have been committed. Where there are reasonable grounds to believe that an offence has been committed, the police will forward a report of their investigation to Crown counsel, and Crown counsel will consider approving the laying of criminal charges. If there is any question about whether a report to Crown counsel should be forwarded, police will consult with Crown counsel. Those investigating and prosecuting these cases will take special care to ensure that the victim is not further traumatized, and is referred to appropriate victim assistance services.

3. Police

Although police operational policy may vary from jurisdiction to jurisdiction, the guidelines below are intended to ensure consistent practice throughout the province.

a. Assisting child protection social workers: Social workers may need police assistance to fulfill the child protection responsibilities set out in the *Family and Child Service Act*. Police may be required to:

- stand by to keep the peace while the social worker investigates a complaint or apprehends a child;
- apprehend a child who appears to be in need of protection;
- apprehend a child who appears to be in need of protection and in immediate physical danger; and/or
- where warranted, remove an alleged offender from the scene by making an arrest.

b. Criminal investigations: In accordance with standard procedure, the police will conduct a detailed and thorough investigation where, in their judgement, a criminal offence may have been committed. Where there are reasonable grounds to believe that an offence has been committed, the police will forward a report to Crown counsel. If there is any question about whether a report to Crown counsel should be forwarded, police will consult with Crown counsel. In conducting these investigations, special care should be taken to avoid further trauma to the child victim, and to ensure that the victim is referred to appropriate victim support services.

Because in most cases a social worker will be conducting a concurrent child protection investigation, and because the victim is a child, special procedures are required to ensure that the investigations are coordinated and that trauma to the child is minimized. The following procedures are designed to help ensure that these objectives are achieved.

- i. Inter-agency coordination:** The police should continue to participate in the development and refinement of local protocols. The purpose of these protocols is to ensure that the response to child abuse is coordinated. The protocols provide a mechanism for developing an inter-agency network of contacts and sharing information and expertise. Most communities have also established inter-agency committees to develop and improve inter-agency procedures on a continuing basis.
- ii. Victim assistance:** Ministry of Social Services and Housing officials and available victim assistance agencies should be involved at the earliest opportunity to support the child and non-accused parent and assist in explaining the justice system. Many communities have victim assistance programs in place. The police should become familiar with these programs and make referrals where appropriate. Referrals should also be made to Criminal Injury Compensation in appropriate cases.
- iii. Designation of staff:** Wherever possible, the same police officer should conduct the initial investigation and remain with the case for its duration. This continuity will enable the officer to establish rapport with the child victim and non-accused family members, and help to ensure a high quality of evidence and provide consistent support to the child and the family. This may be difficult to implement in smaller detachments; however, every effort should be made to maintain as much continuity as possible, without delaying the progress of the case.

Where possible, specially trained officers should be designated to investigate all cases of alleged child abuse. Special skills required by officers include interviewing approaches appropriate to young children and innovative approaches to the gathering of evidence. These skills are acquired best by a combination of specialized training and the accumulation of experience and depend, to some extent, on the personal suitability of the officer. Special interviewing techniques such as the use of anatomically correct dolls are appropriate only in certain cases and should be attempted only by someone highly skilled in their use.
- iv. Interviewing the child victim:** Sensitive treatment of the child is a vital consideration. The interview with the child should take place as soon as possible following the disclosure or report, and the number and duration of interviews conducted with a child should be kept to the minimum required to establish rapport and obtain the necessary information. Where possible, the various investigators should arrange jointly for the child's interview; please refer to Appendix C, guidelines for interviewing children, for a full discussion of this point and for general guidance on interviewing children.

v. Interviewing other children: The principles and procedures outlined above and in Appendix C on interviewing the child victim also apply to other children, such as siblings of the victim.

vi. Medical examination of the child victim: A medical examination must be arranged by the social worker if injuries are present or suspected, and when sexual abuse is suspected. This should be done with parental consent if possible, but if consent is refused the social worker or a police officer must apprehend the child before proceeding. If possible, the social worker should consult with police, Crown counsel, and the physician who will examine the child prior to the medical examination to ensure that proper steps are taken to obtain and preserve photographic and physical evidence. Photographic evidence is extremely useful in court proceedings and should be obtained wherever possible; however, this should always be done in a manner sensitive to the child.

A child who may have been sexually assaulted within the last 72 hours should be seen as soon as possible, as should any child with injuries. In some communities certain physicians have developed an expertise in this area; these physicians should be used wherever possible.

vii. Contact with the non-accused parent: The non-accused parent should be contacted as soon as possible without jeopardizing the investigation. If possible, this should be done jointly by the police officer and social worker or by the social worker in consultation with the police. From the social worker's point of view, this contact is diagnostic and supportive in nature, and the social worker must assess the parent's willingness to believe the child's account of events; ability to support the child; ability to protect the child; and the parent's own need for support. The primary purpose of police contact is to establish the facts, and obtain evidence if appropriate.

Non-accused parents should be told:

- where to obtain support services for themselves and their child;
- the police case file number, officer's name and telephone number;
- the social worker's name, office and telephone number;
- immediate steps that will be taken in the case;
- what to expect during the investigative and court processes (this should be done in a manner which will not alarm the parent and not jeopardize her cooperation in the investigative and judicial process); and
- how to obtain information about the progress of the case.

- viii. Contact with the alleged offender and initial police action respecting the offender:** When the police are investigating, it is preferable that the police make the initial contact with the alleged offender. The social worker should avoid contacting the offender without the knowledge and consent of the police unless to do so is necessary to fulfill a legal mandate (e.g., notification of an apprehension). Where the social worker does have contact with the offender, verbatim notes should be made if possible.

Whenever it appears that an offence has been committed, police should attempt to ensure that the victim and other children are protected, which may include arrest of the offender if legal grounds exist for such action. In determining whether to release the accused, the police and Crown counsel should consider whether the offender lives with or is in frequent contact with the victim, that abuse has often occurred over a long period of time, and that other children may be vulnerable to abuse if the accused goes free.

If the non-accused parent can support and protect the child, and it appears that abuse may have occurred, the police officer and social worker should urge the alleged offender to leave the home where the offender is not detained in custody. This may make it possible to ensure the safety of the child while the child remains at home, either in the legal custody of the parent or in the legal custody of the Superintendent of Family and Child Service.

Police should keep the social worker informed of actions taken, and in particular of an arrest, of charges laid, and of bail conditions. The social worker may then consider applying for an order under section 16(4) of the *Family and Child Service Act* prohibiting the alleged offender from entering the child's residence and from attempting to contact or interfere with the child or any person having custody of or access to the child.

- ix. Interviewing other witnesses:** Whenever possible, this should be done cooperatively by the police and the social worker.
- x. Preservation of evidence and obtaining expert evidence:** The police and social worker jointly should ensure that all evidence is preserved in a manner which will not jeopardize its admissibility in court. The police, social worker and Crown counsel should cooperate in obtaining and sharing expert evidence in accordance with local protocols and policies. It is particularly important in child abuse cases to obtain and consider expert evidence at an early stage, because the findings of experts may have a bearing on the investigation and preparation of the case.
- xi. Keeping other investigators informed:** As noted earlier, it is important that the social worker be informed of actions taken. In order to protect and support the child, the social worker needs to know of any arrest, charges laid,

detention, bail conditions or a decision not to proceed further. Where the abuse or neglect occurred in a licenced child care facility, the medical health officer will be investigating and will need this information. When the alleged abuser is a school board employee, the superintendent of schools will need the information for his investigation and to ensure the safety of the children. Likewise, these other investigators should keep the police informed of their actions.

- xii. Records:** In accordance with standard procedure, files will be carefully maintained. Whenever a decision is made not to proceed further, the reasons for the decision should be recorded in the case file.
- xiii. Diversion:** Because child abuse offences are serious crimes, Ministry of Attorney General policy is that, as a general rule, these cases are not eligible for diversion.

4. Crown counsel – Ministry of Attorney General

As those responsible for prosecuting child abuse cases, Crown counsel play a crucial role in ensuring that the overall response to these cases is effective. Because in most cases a social worker will be taking steps to protect the child and assist the child and family, and because the victim is a child, special efforts must be made to ensure that the civil and criminal aspects of a case are coordinated, and that trauma to the victim is minimized. The procedures described below are intended to serve as guidelines throughout the province to ensure that these objectives are met.

- a. Inter-agency coordination and advising others of the status of the case:** Crown counsel should continue to participate in the development of local protocols to establish inter-agency procedures for responding to child abuse cases. The purpose of protocols is to ensure that the response is coordinated and effective, to facilitate the development of a network of inter-agency contacts, and to provide a mechanism for sharing information and expertise. Most communities also have inter-agency committees to develop and improve inter-agency procedures on a continuing basis. In each area, a Crown counsel should be designated to consult with the other professionals involved.

Crown counsel should bear in mind that the social worker and non-accused parent need information about the criminal proceedings in order to effectively protect and support the child. Therefore, the social worker and non-accused parent or guardian of the child should be advised of any charges laid, conditions of release, adjournment, change of plea or stay of proceedings, and that Crown counsel is available to provide appropriate information about the case. Notice of an adjournment, change of plea or stay of proceedings should be given prior to the scheduled court appearance.

At the earliest opportunity, Crown counsel should ensure that the non-accused parent or guardian knows that a victim impact statement may be made, how to make it, and the possible consequences of making it.

Where a non-accused parent or guardian is not supportive of the child, Ministry of Social Services and Housing officials should be advised, if not already involved, and given responsibility to keep the child informed of the progress of the case in cases where the child cannot be kept informed directly by the Crown counsel (e.g., where the child is especially young).

Crown counsel should also maintain communication with any counsel acting in civil proceedings respecting the child.

- b. Victim Assistance:** Ministry of Social Services and Housing officials and available victim assistance agencies should be involved at the earliest opportunity to support the child and non-accused parent and assist in explaining the justice system. Many communities have victim assistance programs in place; Crown counsel should become familiar with these programs and make referrals where appropriate. Referrals should also be made to Criminal Injury Compensation in appropriate cases.
- c. Charging:** Prosecution of cases involving allegations of child abuse should be pursued wherever sufficient evidence exists. Where Crown counsel do not proceed, the reasons for such a decision should be recorded and retained for monitoring purposes.
- d. Vertical prosecution and designation of staff:** Every effort should be made to have child abuse cases handled by the same Crown counsel from beginning to end. Crown counsel should be assigned to a case at the earliest opportunity, before the first appearance or judicial interim release hearing, and should remain with the case until final disposition at trial.

While it is recognized that in some instances circumstances may make vertical prosecution impossible, this policy is meant to ensure consistency and continuity in the handling of these cases. This is particularly important in prosecutions involving child witnesses. The effectiveness of the child's testimony depends to a large extent upon the rapport established with the prosecutor. Where a vertical prosecution is not possible, careful transition from one prosecutor to another is critical.

Wherever possible, a Crown counsel who has developed expertise in handling child sexual abuse cases shall be assigned to those cases.

- e. Conditions of release:** Crown counsel's position at any judicial interim release hearing involving allegations of child abuse should always address the issue of whether the accused presents a continuing danger to the victim or other children and what conditions of release should be imposed to prevent any risk to a child.

In cases of sexual abuse in particular, unless there are compelling reasons to do otherwise, Crown counsel should ask that the accused not communicate or attempt to communicate with the victim (a "no contact" condition) and, where the accused lives with the victim, that the accused vacate the premises.

Where it appears that the accused may present a danger to other children, Crown counsel should consider requesting a condition that the accused not communicate with any child 18 years or younger unless supervised, a condition that the accused seek counselling, or, in appropriate circumstances, that the accused be detained in custody.

- f. Diversion:** Offences involving child abuse are serious and therefore it is the policy of the Ministry of Attorney General that, as a general rule, these cases should not be recommended for diversion.
- g. Trial scheduling:** Child abuse cases should be given priority in trial scheduling. This is critical in cases involving child witnesses because a child's recall of detail is particularly affected by the passage of time. In addition, a prolonged waiting period is likely to increase trauma to the child.

h. Interviewing and prosecuting techniques:

Child witnesses should be interviewed by Crown counsel sufficiently in advance of the date of the preliminary hearing or trial to ensure that the child's ability to communicate the details of the alleged offence can be assessed, the necessary rapport with the child can be established, the court process can be explained to the child and non-accused parent, and the child can be prepared for testimony at trial in a manner appropriate to the child's level of development. Interviewing victims of child abuse requires time, patience, sensitivity and the use of special techniques.

Where medical evidence is available, Crown counsel should meet at the earliest opportunity with investigating officers and medical experts to be called. This is particularly important in child abuse cases because medical findings may have a significant bearing on the investigation and preparation of the case.

In addition to any expert evidence called at trial, Crown counsel should, in appropriate cases, consider calling expert witnesses at the time of sentencing to testify on the dynamics of child abuse, the offender, and the effect of the offence on the child and family.

Amendments to the *Criminal Code* and the *Canada Evidence Act* in 1988 (Bill C-15) provide for measures to lessen the trauma to the child during the prosecution process. One provision allows a videotape of the child's disclosure of the offence to be admitted by the court as part of the child's testimony where the conditions described in section 643.1 of the Code are met. Another measure provides for methods to obstruct the child's line of vision to the accused where the court finds

this necessary to obtain a full and candid account from the child. This can be done with a screen or other device or a closed circuit television arrangement where the child testifies in a room separate from the courtroom and the accused.

Counsel should also consider applying for an order for the exclusion of the public under section 442 of the *Criminal Code* and an order banning publication and broadcast of the evidence and identity of the complainant or any child witness under section 442.

5. Corrections – Ministry of Solicitor General

As an integral part of the justice system, staff of the Corrections Branch of the Ministry of Solicitor General need to be aware of the special concerns associated with child abuse cases, and of the procedures necessary for an effective, integrated response. The procedures and guidelines below should be followed throughout the province.

- a. Reporting:** All suspected cases of child abuse shall be reported immediately to the local office of the Ministry of Social Services and Housing. Relevant branch policy manuals, in particular those dealing with youth programs and family services, will incorporate detailed procedures to be followed by branch staff.
- b. Referrals for services:** In addition to reporting suspected cases of child abuse and neglect, staff should, in coordination with other involved ministries and agencies, make appropriate referrals to meet the needs of the victim, the non-accused parent and the alleged offender.
- c. Inter-agency coordination:** In all child abuse cases in which the branch has an active responsibility and involvement, staff should work with other involved ministries and agencies to ensure that the interests of the victim, the non-accused parent, the alleged offender and the public are met effectively. Inter-agency procedures will be guided by local protocols, which must be consistent with branch standards and policy regarding the sharing of information.

Such coordination will help branch staff to fulfill their responsibilities respecting bail, pre-sentence reports, and the supervision of court orders with due regard to the interests of the victim and the non-offending parent. Staff should ensure that the branch's non-partisan role in the adversarial process is not compromised.

- d. Assignment of staff:** Wherever practicable, supervisors should assign to child abuse cases those staff who are the most experienced, trained, and personally suitable. Clearly, it is advantageous to have as many staff as possible trained to manage child abuse cases. The use of specially trained staff will help ensure that cases are handled effectively and with minimal additional trauma to the victim.
- e. Diversion:** Offences involving child abuse are serious and therefore, as a general rule, should not be recommended for diversion.

- f. Reports to the courts and the board of parole:** In preparing pre-sentence or pre-bail reports and community assessments for conditional releases (such as parole and temporary absences), probation officers should include information regarding the effect of the offences and the court proceedings on the child and the family, as well as the availability and appropriateness of counselling or treatment programs for the offender. The offender's willingness to seek such counselling or treatment should also be reported.

Where a recommendation is made to the court or board of parole that an offender be required, as a condition of a court order or parole, to participate in a program of counselling or treatment, the court or board of parole should be requested to explicitly order the name and location of the program and the terms of attendance with which the offender is expected to comply, so as best to ensure the enforcement of such orders or paroles.

- g. Interviews with the victim and non-offending parent:** Prior to interviewing the victim for the purposes of a report for the court or board of parole, Corrections Branch staff should consult with the social worker, investigating police officer, Crown counsel and/or the non-offending parent to determine whether a personal interview is in the best interest of the victim. Wherever possible, interviews should take place in a location that is convenient, comfortable and as non-threatening as possible for the person being interviewed.

- h. Conditions of release and detention orders:** Recommendations to a court or other releasing authority respecting an accused's possible release on bail, probation, temporary absence, or parole should, unless there are compelling reasons to do otherwise, advocate the inclusion of a condition that the accused not associate with or attempt to contact the victim directly. Where the accused has been living with the victim, it should be recommended that the accused vacate the residence, and where appropriate, that the accused participate in an available treatment program such as the releasing authority directs. Where the accused may present a danger to other children, consideration should be given to recommending that the accused be detained in custody, or, failing that, that the accused not associate with any child 18 years or younger unless supervised.

- i. Keeping others informed:** Any significant change in the situational status or whereabouts of accused persons or offenders under the supervision of or in the custody of the branch should be communicated to other agencies likely to have an interest in the case, such as the social worker, Crown counsel, police, or school. In cases where the victim's safety or welfare is a concern, the non-offending parent or guardian, or the victim directly if living independently, should be informed of such changes.

j. Treatment of offenders: Staff should ensure that persons under the supervision of or in the custody of the branch who are accused or convicted of child abuse offences are encouraged to seek counselling or treatment from appropriate agencies or individuals, and are actively assisted in obtaining the necessary referrals or assessment for such treatment. Staff should ensure that, to the greatest extent possible within available resources, a plan of treatment or counselling is offered to all appropriate child abuse offenders and that they be counselled to participate in such programs.

k. Supervision of offenders: Because of the serious nature of child abuse, offenders who are released to community supervision on bail, probation, temporary absence, or parole should be given high priority and intensive supervision. Any community release should also be made known to the investigating police officer(s) and to the police in the community to which the offender is released, if different.

Where counselling or treatment is court-ordered, Corrections Branch staff should take particular care to monitor and enforce that order, report any apparent breach to Crown counsel and to do whatever is necessary to assist in the prosecution of any breach.

6. Court Services – Ministry of Attorney General

a. Accommodating child witnesses: Wherever possible, a private, comfortable waiting area should be made available to child witnesses. The provision of suitable reading material, dolls or other toys may make waiting to testify easier for a child. Every effort should be made to put children at ease, both for their own well being and to increase their effectiveness as witnesses.

b. Public Information: Information on child abuse and neglect should be included among the public information materials displayed and available in all courthouses and court services offices.

C. The Ministry of Health

In order to present a truly integrated approach to child abuse, much of the information required by those who must respond to child abuse is covered in the overview. This includes a summary of the relevant law, the principles governing confidentiality of information, working definitions of abuse and neglect, the scope of the obligation to report, and an integrated approach to investigation and intervention which spells out each person's role. In order to acquire an understanding of the role of a particular professional or occupational group in the context of an integrated approach, it is essential to read the overview. Thus, this section is not designed to be read alone, but rather is intended to supplement the basic information contained in the overview.

This section is divided into the following parts:

The role of health care professionals

Obligation to report

Reporting procedures

Abuse or neglect in a licenced child care facility

Cooperating in the investigation, intervention and treatment

Hospitals

Health Units and Departments

Mental Health Services

Forensic Psychiatric Services

Day Care Services

Services to the Handicapped

The role of physicians is covered in a separate section prepared by the British Columbia Medical Association and included in this handbook as Appendix D.

1. The role of health care professionals

The role of health care professionals in preventing, identifying and responding to child abuse and neglect has several facets. Firstly, health care professionals can help prevent child abuse or neglect from occurring by identifying high risk situations and making appropriate referrals for services in such cases. For example, before a mother and her newborn infant with special needs leave hospital, hospital personnel can ensure that the mother has been referred to available services for assistance, that the mother knows what to do in an emergency, etc. Health care professionals also play a preventive role in educating parents in child-rearing practices and coping with the inevitable frustrations of parenthood.

Secondly, because health care professionals are in frequent contact with parents and children and because of their special knowledge, they are in a position to identify and report suspected child abuse and neglect and particularly high-risk situations. All health care professionals are responsible for becoming familiar with the indicators of child abuse and neglect, and for reporting suspected cases. Thirdly, health care professionals are frequently in a position to monitor high-risk situations. This is particularly true of family physicians and of public health nurses, who have regular contact with children and families. Fourthly, the services of health care professionals are often an integral part of the treatment in a child abuse case. Parents and children may need support from a skilled counsellor to understand why child abuse occurred, to cope with the effects of the abuse, and to avoid a repetition.

a. Obligation to report: Sub-section 7 (1) of the *Family and Child Service Act* states:

"A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports."

The act provides that a child is in need of protection whenever he is:

- "(a) abused or neglected so that his safety or well being is endangered,
- (b) abandoned,
- (c) deprived of necessary care through the death, absence or disability of his parent,
- (d) deprived of necessary medical attention, or
- (e) absent from home in circumstances that endanger his safety or well being;"

Therefore, whenever a health care professional has reason to believe that one or more of these circumstances exist, she is required by law to report the matter to a person designated by the Superintendent of Family and Child Service to receive reports, that is to a social worker in the local Ministry of Social Services and Housing office. Section F of the overview (Obligation to report) spells out the scope of this legal obligation, and should be read by all health care professionals.

Failure to make a report is an offence. The act protects persons who report; any person making a report is exempt from liability unless he makes the report maliciously or without reasonable grounds.

The legal duty to report overrides all claims of privilege or confidentiality except those based on a solicitor-client relationship. The one narrow exception to this arises from the provisions of the *Venereal Disease Act* and applies to information gathered during the diagnosis and treatment of sexually transmitted disease. Information obtained under this act cannot be released without prior authorization of the Minister of Health. Thus, where possible child abuse is identified through procedures carried out under the act, authorization from the Minister should be sought to release the information so that a report can be made. The Minister's authorization may be requested through the local medical health officer or the Director of Sexually Transmissible Diseases at the British Columbia Centre for Disease Control in Vancouver.

- b. Reporting procedures:** Many hospitals, health care units and departments, mental health centres, and forensic units have developed internal reporting procedures which provide that reports be made to supervisory personnel as well as to a social worker in the Ministry of Social Services and Housing. Prescribed procedures should of course be followed, but it must be stressed that, in law, responsibility for making a report to the Superintendent of Family and Child Service rests with the person who has reasonable grounds to believe a child is in need of protection. This responsibility is not discharged by reporting to anyone other than a social worker in a Ministry of Social Services and Housing office or another delegate of the Superintendent of Family and Child Service. All prescribed reporting procedures must conform with this legal requirement.

Reports may be made by telephone, letter or in person and are usually made to a social worker in the local office of the Ministry of Social Services and Housing. After hours and on weekends and statutory holidays the toll free 24-hour Helpline for Children (Zenith 1234) will put the caller into contact with a social worker in the Emergency Services Unit in Vancouver. The social worker receiving the call will assess its urgency. Urgent matters are referred immediately to the police or to a duty worker in the local office of the Ministry of Social Services and Housing. Non-emergency situations are handled by telephone counselling and a referral to the local office on the next working day.

The Helpline is not intended to replace the direct services provided by the local offices of the Ministry of Social Services and Housing. Rather, it is meant to supplement those services by providing access for people who may not be able to find the appropriate telephone number in a moment of crisis and by providing a 24-hour service to all those who wish to report that a child may be in need of protection.

As much of the following information as is known should be provided to the social worker:

- the reporter's name, position and telephone number,
- the child's full name, date of birth, and address,
- the parents' full names, address(es) and telephone number(s),
- the name and address of the alleged offender, if not a parent,
- an account of the suspected abuse or neglect, including where and when it took place, or a description of the indicators of abuse or neglect,
- any statements made by the child or an adult about the abuse or neglect,
- any immediate concerns about the child's safety.

As well as making a report, the person reporting should keep a record of the suspected abuse or neglect. It should include:

- the name and position of the person who received the report and any actions taken by that person,
- as much of the information described above as is known, and
- a simple diagram of any physical indication of abuse.

c. Abuse or neglect in a licenced child care facility: If the abuse or neglect allegedly occurred in a facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations, the report should be made to a social worker as usual, and the social worker will in turn notify the medical health officer, who must investigate the matter. The social worker will also notify the medical health officer where abuse or neglect allegedly occurred in a child care facility which is unlicensed but ought to be licensed, that is, a facility in which care is

provided to three or more children not related by blood or marriage to the operator. Health units and departments also have internal reporting procedures which should be followed in these cases. Investigations in these matters will be carried out in accordance with Protocol 2, which is included in Part III of this handbook.

- d. Cooperating in the investigation, intervention and treatment:** Once a report is made, a Ministry of Social Services and Housing social worker must investigate to determine whether the child is in need of protection, and take steps to protect the child if necessary. If it appears that abuse has occurred, the social worker will notify the police, who will conduct a criminal investigation where warranted.

Health care professionals may be requested to assist in these investigations in any or all of the following ways:

- providing access to the child,
- providing a neutral place to interview the child, and
- providing information relevant to the investigation.

This assistance should be provided.

Where the abuse or neglect allegedly occurred in a licenced child care facility, health care professionals should also cooperate with the investigation by the medical health officer if requested to do so.

Health care services should continue to be provided during an investigation, and those providing services should be aware that the child, family and other affected individuals may be particularly vulnerable at this time.

Most communities have inter-agency protocols to ensure that the response to child abuse cases is coordinated and effective. Health care professionals should participate in the development and refinement of these protocols, and should become familiar with existing protocols. Many communities also have inter-agency committees whose purpose is to encourage an integrated response to child abuse, and, in some instances, to respond to individual cases. Health care professionals should continue to participate in these committees. One purpose of such participation is the development of a network of inter-agency contacts in each community.

2. Hospitals

All hospitals which have not already done so should establish a child abuse team with internal representation from the medical, nursing and social work departments. In smaller hospitals where a full team is impractical a member of the hospital staff shall be designated to fulfill these functions. External representation should include a social worker from the local Ministry of Social Services and Housing office wherever practical, or a police or RCMP officer.

Child abuse teams shall have the following responsibilities:

- coordinating the management of abuse cases identified within the hospital,
- ensuring that policies and procedures for the reporting and management of child abuse cases are in place,
- ensuring that the hospital has in place mechanisms to identify repeated visits or admissions to hospital of a child,
- ensuring the availability of staff training and education,
- ensuring that a suitable place for child abuse interviews and examinations is available in the hospital, and
- participating in an inter-agency response to child abuse, including representation on an inter-agency child abuse committee if one exists in the community.

Each hospital should have a written protocol which describes the policies and procedures to be used in child abuse cases. The following are essential features of a hospital protocol:

1. Procedures for reporting child abuse and neglect, including possible abuse revealed by an autopsy.
2. Record-keeping requirements.
3. Any special arrangements or requirements respecting the examination of the child.
4. Procedures for obtaining and preserving evidence in consultation with the police, including photographs and laboratory specimens.

As hospitals vary in terms of size and types of services provided, the protocols adopted will vary accordingly. Guidelines for the development of protocols are available from Hospital Programs, Ministry of Health.

3. Health Units and Departments

The public health nurse, through visits to schools, child care facilities and homes, may well be the first person outside the family to observe or be told of indications of child abuse or neglect. Where indicators of abuse are readily apparent and identifiable the decision to report is clear cut and the appropriate procedure should be followed. However the reality for public health nurses is that often indicators of abuse are not readily apparent and neglect is the presenting concern. It may be difficult for the public health nurse to determine whether the level of care constitutes a threat to the safety or well being of the child. The following assessments may be helpful in making this determination:

1. Ongoing assessments of growth (weight, length, head circumference) should demonstrate a normal growth curve. Growth below the 5th percentile or large deviations in the growth curve that are not readily explained are cause for concern and further investigation.
2. Ongoing evaluation of development. Developmental delays or lags particularly in the social and language area may indicate a lack of parental stimulation.
3. The parents' willingness and ability to:
 - (a) provide the basic level of nutrition, clothing and shelter for the child,
 - (b) provide a level of supervision and environmental safety that is appropriate to the child's age and development,
 - (c) ensure that the child is adequately supervised when the parents are not present, and
 - (d) consider concerns that are brought to their attention and take appropriate action.
4. Frequency, circumstances of and reasons for any hospitalizations.
5. Information from others in the community that may indicate neglectful practices in the family.

Wherever there is reason to believe that neglect endangers the safety or well being of a child, it must be reported. Where the safety or well being of the child is not presently endangered but the level of care is marginal, ongoing monitoring of the child and family is required. Part of the monitoring process should, within the confines of confidentiality, include consultation with the immediate supervisor, the Ministry of Social Services and Housing social worker, and other professionals working with the family if appropriate. Consultation with other professionals should involve the specific assignment of any follow-up required, thus avoiding the risk of one agency mistakenly assuming the other is monitoring when in fact it is not.

Other health unit or department staff who come into contact with children and families may also be in a position to identify cases of abuse or neglect. For this reason, staff members must be aware of the indicators of abuse and neglect and familiar with their obligation to report, reporting procedures, and any internal protocols. A detailed list of indicators of abuse and neglect is included in this handbook as Appendix B.

Staff members may be requested to cooperate in the investigation of a case by the investigating social worker or the police. This may include:

- being present during an interview to support the child,
- providing verbal or written information relevant to the investigation which is necessary for the protection of the child to the social worker, police, the superintendent's legal counsel, Crown counsel, medical health officer, or superintendent of schools,

- being available to give evidence in court proceedings or licencing hearings, and
- accepting referrals for service.

4. Mental Health Services

The staff of mental health centres provide assessment, treatment and consultation services in cases where serious emotional disturbance is a concern. Thus Mental Health Services is an important potential resource following a disclosure of child abuse. Because the goals and methods of treatment are often quite different from those of investigation, it may be appropriate for investigators to obtain all the information they need before making a referral. If however a child or family appears to be in crisis, a referral may be made for assistance in managing the crisis. The person making the referral should provide information on the concerns about the child's emotional and behavioral adjustment as well as information about possible abuse.

The role of mental health centre staff is to assess the nature and extent of any emotional disturbance and recommend, and in some cases provide, the appropriate treatment. Treatment may involve individual sessions with the child or parents, family sessions, or group sessions for the child or parents. In some cases of abuse, no treatment is necessary because the family is coping reasonably well with the situation. In other cases, the consultation service provided by Mental Health Services, either in combination with treatment by a mental health professional or on its own, will be the recommended approach. When a person involved with the family is not sure whether a referral to Mental Health Services is appropriate, she can contact the local Mental Health Centre for advice.

In the course of offering services, mental health professionals may become aware of situations involving child abuse or neglect. A mental health professional who has reason to believe that a child is in need of protection must report it; please refer to section F of the overview for a complete description of the legal duty to report.

Where the disclosure of information is necessary to protect the child, staff members should provide the information to those responsible for the investigation. In circumstances not involving protection, information about clients should not be disclosed without first obtaining the consent of the client or the client's guardian in writing. Where a child is in the care of the superintendent, the superintendent may consent on the child's behalf. Where a client does not consent to disclosure, a subpoena may be issued to compel testimony in court.

5. Forensic Psychiatric Services

Forensic Psychiatric Services has a legislated mandate to provide psychiatric and psychological assessments to individuals who appear before the courts, regardless of their age. The Juvenile Services to the Court provides assessment and treatment of

individuals under 18 years of age, while the Adult Forensic Services provides these services to individuals 18 years and older.

Referrals to the Adult Forensic Services can only be made through the court. Referrals to the Juvenile Services to the Court for assessment or treatment can only be made through the Youth Court, Crown counsel or Probation Services. Referrals are made because there is a concern about the psychiatric or psychological functioning of the offender, and are often made in the case of juveniles because the offender has been abused as a child or adolescent.

Both Juvenile Services to the Court and the Adult Forensic Psychiatric Services provide assessment and treatment of sex offenders, many of whom have been victims of abuse themselves. Juvenile Services provides a specific treatment program for adolescent sex offenders and also provides counselling for those who have experienced family violence, are experiencing stress resulting from trauma and have been charged with offences. Services are provided on an out-patient and in-patient basis and in provincial prisons.

The Maples Adolescent Treatment Centre provides residential treatment for adolescents with severe emotional and behavioral disturbances. The majority of adolescents in treatment have been physically or sexually abused or have experienced family violence. Referrals can be made through private psychiatrists, hospitals, mental health centres, the Ministry of Social Services and Housing and Probation Services.

In the course of offering assessment and treatment services, staff may become aware of child abuse or neglect. A staff member who has reasonable grounds to believe that a child is in need of protection must report it to a social worker in the Ministry of Social Services and Housing; please refer to section F of the overview for a complete description of the legal duty to report.

Staff members may be required to give evidence in court respecting abuse or neglect. Staff may also be requested to furnish a written report or verbal information to the Ministry of Social Services and Housing or the police dealing with matters connected with incidents of child abuse or neglect, and should comply with such requests whenever the information is necessary to protect a child. In other circumstances, staff should not release information concerning a client without the written consent of the client or the client's guardian.

6. Day Care Services

Many children spend a part or all of their day in a community child care facility. Those who work in these programs are knowledgeable about a child's development, and are in a position to observe behaviors that might indicate a problem. Day care staff may also be able to offer assistance and advice or appropriate referral information to a parent who requires it, and thus help prevent a protection situation from developing. The legal

duty to report child abuse and neglect extends to day care workers, who must make a report to a social worker whenever they have reason to believe a child is in need of protection. Day care staff should review the indicators of abuse and neglect contained in Appendix B of this handbook, and should be fully familiar with the legal duty to report, the scope of which is described in section F of the overview.

Where abuse or neglect allegedly occurs in a licenced child care facility, the matter must be reported to a social worker as in other cases of abuse or neglect. The social worker will in turn notify the medical health officer, who will investigate the matter in accordance with Protocol 2 and make a recommendation to the licencing board respecting the status of the licence. Some child care facilities also have internal reporting requirements which should be complied with, but compliance with an internal procedure does not discharge the legal duty to report to a social worker in the Ministry of Social Services and Housing.

Day care staff may be able to provide support for a child who has been abused or neglected. The day care centre may be the only place where the child feels safe, and the child may turn to day care staff for emotional support. Day care workers should be aware of this possibility and provide appropriate support. When a child has been removed from his parents' care, day care staff may be the only adults still in regular contact with the child with whom the child has a significant relationship. Again, day care staff should be aware of this possibility, and offer extra support to the child during the adjustment period.

7. Services to the Handicapped

The Services to the Handicapped Division provides a variety of services for children who have, or are at risk of developing, handicapping conditions. The Children's Early Intervention Program provides services through child development centres, hospitals and associations for the handicapped. Services may include medical treatment, therapy for the prevention of further handicaps, education, life-skills training, fittings for adaptive equipment, and family support.

Some children who have multiple handicaps and who may have complex physical needs are currently living in institutions or hospitals. The Associate Family Program provides family care for some children with multiple handicaps who are unable to reside with their parents. The child's parents retain the guardianship of their child, have the opportunity to select the associate family, and can be actively involved in making decisions for their child.

Children with handicaps who are dependent on others for their daily needs are vulnerable, and may lack the ability to report abuse or neglect. For this reason, persons who work with these children must be alert for signs of abuse or neglect. As in other cases, suspected abuse or neglect in these circumstances must be reported; please refer to section F of the overview regarding the obligation to report.

D. The Ministry of Education

In order to present a truly integrated approach to child abuse, much of the information required by those who must respond to child abuse is covered in the overview. This includes a summary of the relevant law, the principles governing confidentiality of information, working definitions of abuse and neglect, the scope of the obligation to report, and an integrated approach to investigation and intervention which spells out each person's role. In order to acquire an understanding of the role of a particular professional or occupational group in the context of an integrated approach, it is essential to read the overview. Thus, this section is not designed to be read alone, but rather is intended to supplement the basic information contained in the overview.

This section is divided into the following parts:

- The role of educators
- The roles of the Ministry of Social Services and Housing and the police
- Reporting responsibilities and procedures:
 - The obligation to report
 - Reporting procedures
 - Cases of suspected abuse or neglect by school district personnel
- Identifying child abuse and neglect
- Receiving a disclosure from a child
- Cooperating in the investigation
- The sharing of information and confidentiality requirements
- Intervention
- Summary of procedures

1. The role of educators

Educators play an important role in the identification and reporting of child abuse and neglect. Because educators are in daily contact with children and are trained observers of children's behavior, they are often the first adults to become aware of factors which may be indicative of abuse and neglect. Thus, an educator may be the only adult in a position to report a case of abuse or neglect. Moreover, the school may be the only place where an abused child feels safe and in contact with caring adults.

All educators are responsible for increasing their own awareness and knowledge of:

- the incidence and identification of child abuse and neglect;
- their responsibility to report all suspected cases of abuse and neglect to the Ministry of Social Services and Housing;
- the appropriate procedures to follow when reporting a case; and
- programs for teaching children what to do when faced with abuse or neglect.

School districts should develop effective in-service training programs, taking advantage of available resources, in order to enhance knowledge and awareness in these areas. Programs for teaching children strategies to avoid or deal effectively with abusive situations should be implemented and further developed. Curriculum materials for teaching children these skills are now available from the Ministry of Education for some age groups, and more materials are being developed. Inter-agency protocols or guidelines for responding to child abuse cases have been developed and are being continually improved in many communities, usually under the auspices of the inter-agency committee dealing with child abuse. Educators should participate in this process and ensure that all staff members are familiar with local protocols.

Because of the relationship which educators have with students, there is a significant chance that an abused child will disclose to them the fact that he has been, or is being abused. The immediate response to a disclosure of this nature is extremely important, and educators must be able to react appropriately and sensitively. It is critical that, upon disclosure of abuse, educators take immediate action by reporting the matter to the Ministry of Social Services and Housing. This will help protect the child from any recurrence and from pressure to retract allegations. Section 5 contains guidelines to assist educators in receiving disclosures from children.

In addition to detecting and reporting child abuse and neglect, and helping to teach children how to deal effectively with such situations, educators are also in a position to provide support to an abused or neglected child once the matter has come to light. It may be of great comfort to a child to know that a teacher is aware of the situation, and supportive and understanding.

2. The roles of the Ministry of Social Services and Housing and the police

While educators play a crucial role in the identification and reporting of child abuse and neglect, the responsibility for investigating the matter and intervening where warranted lies with the Ministry of Social Services and Housing and the police. Ministry of Social Services and Housing social workers must investigate reports to determine whether a child is in need of protection, and intervene when required to protect the child. The police are responsible for conducting a criminal investigation whenever it appears that a criminal offence may have occurred. These responsibilities cannot and should not be assumed by school district personnel. An integrated response requires that the investigating social worker or police officer request cooperation from school personnel who have knowledge of the situation, and endeavor to provide information regarding the outcome of the investigation and the circumstances of the child to educators.

3. Reporting responsibilities and procedures

a. The obligation to report: *The Family and Child Service Act* requires that every person who has reasonable grounds to believe that a child is in need of protection report the circumstances immediately to the Superintendent of Family and Child Service (in practice, to a social worker in the local Ministry of Social Services and Housing office). A child is in need of protection whenever he is:

- abused or neglected so that his safety or well being is endangered,
- abandoned,
- deprived of necessary care through the death, absence or disability of his parent,
- deprived of necessary medical attention, or
- absent from his home in circumstances that endanger his safety or well being.

Therefore, whenever an educator has reasonable grounds to believe that one or more of these circumstances exist, he must report the matter to a social worker in the local Ministry of Social Services and Housing office. For a more detailed description of the scope of the obligation to report, please see section F of the overview.

b. Reporting procedures: Many school districts have established internal procedures for reporting, which provide that reports be made to the principal or, where appropriate, the superintendent of schools. Prescribed procedures should of course be followed, but it must be stressed that, in law, responsibility for making a report to the Superintendent of Family and Child Service rests with the person who has reasonable grounds to believe a child is in need of protection. This responsibility is not discharged by an educator reporting to any person other than a delegate of the Superintendent of the Family and Child Service, that is, a social worker in the local Ministry of Social Services and Housing office. Any person making a report is exempt from liability unless he makes the report maliciously or without reasonable grounds.

As much of the following information as is known should be provided to the social worker. However, **do not interview the child to obtain this information**; the child will be interviewed by a social worker following the report. Rather, report as much of this information as is available from school files or which has been learned from a spontaneous disclosure by the child:

- the reporter's name and school;
- the child's full name, date of birth, grade, parents' or guardian's full names, home address(es) and telephone number(s), office telephone number(s) of parents or guardian;

- the full name, address and telephone number of the alleged offender, if different from the parent, and any other information which might help locate or identify the offender;
- an account of the suspected abuse or neglect, including when and where it took place;
- any immediate concerns about the child's safety;
- the hours of operation of the school;
- the child's bus schedule; and
- any special concerns about the child.

We repeat for emphasis that **educators must not interview the child to obtain this information**. If the matter is urgent, reports can be made on a 24-hour basis by telephoning Zenith 1234, the Helpline for Children. When a child appears to be in immediate danger, the social worker who receives the report will decide what steps should be taken.

Educators should refrain from contacting the parents as this is the responsibility of the investigating social worker.

- c. Cases of suspected abuse or neglect by school district personnel:** Protocol 3 in Part III of this handbook outlines the procedures which will be followed once a case of suspected abuse or neglect by a school board employee is reported, where the alleged abuse or neglect is directly related to that person's position of trust as a school board employee. As with any other case of abuse or neglect, educators are legally required to report these cases; an educator who has reasonable grounds to believe that a school board employee has abused or neglected any child shall report the matter immediately to a social worker in the local Ministry of Social Services and Housing office. In cases of urgency, reports can be made by calling the Helpline.

4. Identifying child abuse and neglect

There are a number of physical symptoms and behaviors which may be indicative of child abuse or neglect. These are listed in Appendix B of this handbook. All educators should become familiar with these indicators of abuse and neglect, and should have access to in-depth education on recognizing child abuse and neglect.

5. Receiving a disclosure from a child

Because of the relationship which educators have with students, there is a significant chance that an abused or neglected child will disclose the situation to an educator. The immediate response to a disclosure of this nature is extremely important; educators should be able to react in an appropriate and sensitive manner.

When a child does disclose information, the educator should bear in mind that the child will be interviewed by a social worker once a report is made. Thus, educators should refrain from interviewing the child after receiving the child's initial disclosure. Statements made by a child should be recorded in the child's own words if possible, and the person receiving the disclosure should not ask leading questions, that is, questions which suggest an answer. In the event the child has a disabling condition which impedes his ability to communicate (for example, is hearing impaired), an attempt must be made to obtain assistance in receiving the disclosure from a person who is familiar with the disabling condition; the Ministry of Social Services and Housing is responsible for providing this assistance wherever possible. The following guidelines should help in receiving a disclosure:

- Listen to what the child is trying to convey.
- Respect silence and do not rush the child or put words in the child's mouth.
- Keep any questions short, using words that are part of the child's vocabulary.
- Give immediate reassurance and support to the child, indicating that you believe him and do not blame him.

It is imperative that, upon disclosure, educators report immediately to the Ministry of Social Services and Housing.

6. Cooperating in the investigation

Whenever it is requested, principals should allow the investigating social worker and police officer to interview the child in the school. As the school is usually a safe, neutral environment in which to conduct interviews which are sensitive to the child's needs, it may be chosen as an interview site.

Although an educator may be requested to be present during an interview to provide support to the child, the presence of an educator is not required. Child protection interviews differ from those described in Schools Department Circular No. 100, 79.10.23, in which police officers interview the child in the course of investigating an alleged offence by the child. In those cases, the principal or teacher is acting in *loco parentis* to ensure the protection of the child's rights. In a child protection interview, if the teacher is present it would be to support the child.

7. The sharing of information and confidentiality requirements

It is expected that teachers, principals and other school personnel will provide relevant information to the investigating social worker and police officer, and to school and school board officials where appropriate. Aside from this, all information obtained by educators about child abuse and neglect cases, oral and written, is confidential and shall be disclosed only as described above. All written reports and records must be treated confidentially and should not be placed in the child's record or cumulative file.

8. Intervention

Following the social worker's investigation, the social worker will assess the need for any service required by the child and family, and may intervene in other ways to protect the child, such as apprehending the child.

Following their investigation, the police will either determine not to proceed further, or forward a report to Crown counsel if there appears to be sufficient evidence for a prosecution.

After and in some cases during the investigation, the social worker and the police will endeavor to inform those educators directly involved of the outcome of the investigation and of any other information they need to know in order to provide effective support for the child. The social worker and the police officer must do this within the parameters of the applicable confidentiality provisions, which are described in section C of the overview.

9. Summary of procedures

Reporting: An educator who suspects that a child is being abused and neglected must report the matter to a social worker in the local Ministry of Social Services and Housing office, or by telephoning Zenith 1234, the Helpline for Children, and notify the principal of his actions.

Investigation: A social worker and in appropriate cases the police will investigate reported cases and consult with educators who may have knowledge of the situation.

Intervention and outcome: Intervention by the Ministry of Social Services and Housing may include the provision of services to the child and family, or the apprehension of the child where this is necessary for the child's protection. A police investigation may result in criminal proceedings where there is sufficient evidence. The social worker and police will endeavor to inform educators of the outcome of their investigations.

Protocols for

PART III. *Specific Situations*

Protocol 1: Cases with Multiple Victims and Other High-impact Cases

Application: This protocol shall be followed by all ministries and agencies in cases involving multiple victims, or in any other case where there is an extraordinary impact on the community.

- 1. Reporting:** Anyone who is aware of such a case shall report it to the Ministry of Social Services and Housing. A senior representative of that ministry (the regional director in the community where the abuse occurred, or, if there isn't one, the area manager or local district supervisor) will assume responsibility for coordinating the inter-agency response to the case. The Ministry of Social Services and Housing will report the matter to the police whenever it appears that abuse may have occurred.
- 2. Alerting senior levels of government:** The senior representative of the Ministry of Social Services and Housing will inform the Deputy Minister of Social Services and Housing of the case, who in turn shall inform the Deputy Ministers of Health and Education, the Deputy Attorney General and the Deputy Solicitor General.
- 3. Initiating a coordinated response:** The senior representative of the Ministry of Social Services and Housing shall arrange immediately a meeting of local senior representatives from the appropriate ministries and agencies. These always will include the police and Crown counsel, and may include schools, day care centres, public health units or departments, mental health services, hospital and medical personnel, probation services, and other agencies.

This group of persons from various agencies is referred to below as "the committee", and is responsible for planning and coordinating intervention. The representative from the Ministry of Social Services and Housing shall chair the committee. The senior representative from the Ministry of Social Services and Housing in each community should compile immediately a roster of names of senior representatives designated by each of the ministries and agencies noted above to serve on such

committees, and keep it up-to-date, so that an inter-agency meeting can be called quickly when a case arises. The membership of the committee may overlap with the membership of other local committees concerned with services for children.

- 4. Initial response and planning:** In some cases the social worker and the police may have to take steps to ensure the safety of the children involved, and locate and apprehend the alleged offender before a meeting of the committee takes place.

At its first meeting the committee should:

- receive reports from those with information on the case;
- ascertain the background and current status of the matter including the names and circumstances of all victims, the name and circumstances of the alleged offender, and the apparent impact on the community;
- determine initial strategies for assisting the victims, intervening with the alleged offender, and providing information to the community;
- identify available community resources and further resource requirements;
- designate responsibilities; and
- set a regular meeting schedule.

- 5. Maintaining inter-agency coordination:** The committee should continue to coordinate the response to the case for as long as necessary, and should therefore:

- meet regularly;
- receive and consider status reports from members;
- review and revise intervention plans respecting the victims, the alleged offender and the community;
- plan and arrange for the orderly release of information to affected persons, the public and the media; and
- compile status reports which can be used by committee members to keep their ministries and agencies informed (these may be in the form of minutes).

- 6. Conflict resolution:** The committee should make every effort to resolve conflicts as they arise. Any conflicts which cannot be resolved should be referred to senior management through normal channels.

- 7. Evaluation and case closure:** The committee should determine when its coordinating role is no longer necessary. This normally will be when major intervention is no longer required (some services may continue long after case closure, such as counselling for the victims). Before closing the case, the committee should evaluate the effectiveness of both the overall ministry and agency intervention in the case,

and the committee's own coordination of the intervention. A final report including any recommendations for change should be circulated to senior levels of government through normal channels. Once the evaluation is complete, the case may be closed.

Protocol 2: Investigations of Abuse or Neglect in Child Care Facilities Licenced Under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations

Application and purpose: This protocol shall be followed by all ministries and agencies in cases where abuse or neglect is alleged to have occurred in a child care facility licenced under the *Community Care Facility Act* and Provincial Child Care Facilities Regulations. Its purpose is to ensure that the investigation of and response to these cases is coordinated.

1. Definitions:

"board" means the Provincial Child Care Facilities Licencing Board;

"facility" means a licenced community care facility for children from birth to 19 years of age, and includes nursery schools and facilities for group day care, emergency child care, family day care, child minding, out of school care, specialized day care, and the residential care of children;

"licensee" means a person who operates a facility under an interim permit or licence issued under the *Community Care Facility Act*;

"medical health officer" means a medical health officer or his delegate;

"superintendent" means the Superintendent of Family and Child Service or her delegate.

2. Legal mandates to investigate:

The medical health officer is required by section 9 (b) of the *Community Care Facility Act* to investigate every complaint that a facility does not comply fully with the *Community Care Facility Act* or regulations. He must report the results of his investigation to the board, and make a recommendation to the board respecting the licence. Section 5 of the *Community Care Facility Act* gives the board the authority to cancel or suspend the facility's licence where it appears to the board that child abuse or neglect has occurred in the facility.

Pursuant to the *Family and Child Service Act*, the superintendent must investigate a report that a child may be in need of protection.

The police investigate allegations of criminal conduct.

3. Roles of the three key agencies — the medical health officer, the superintendent and the police: The medical health officer has the primary responsibility for coordinating the investigation of a complaint that abuse or neglect has occurred in a licenced child care facility. The medical health officer, the superintendent and the police each should fulfill his legal mandate to investigate within the context of an integrated response. Each should ensure that this protocol (or a local, more detailed protocol which is consistent with this one) is implemented.

4. Coordinating the initial response:

- (a) Notification: Whichever of the three key agencies receives the report shall notify immediately the other two.
- (b) Ensuring the safety of the children and contacting the alleged offender: In urgent cases the social worker and the police may have to act to protect the children and locate and apprehend the alleged offender immediately, before an initial planning meeting takes place.
- (c) Initial planning meeting: The medical health officer shall arrange a meeting of the key agency representatives to determine in detail their respective roles and responsibilities in the case.

5. Community Care Facility Act investigation:

- (a) Provision of assistance to the medical health officer: The medical health officer conducting the investigation may require assistance, and may request that the regional director of the Ministry of Social Services and Housing designate a social worker to assist him in interviewing the allegedly abused child and other children. It is Ministry of Social Services and Housing policy to provide such assistance when requested, and that the designated social worker be a person other than the social worker conducting the *Family and Child Service Act* investigation. While performing this function, the designated social worker is not acting under the *Family and Child Service Act*, and shall report to the medical health officer, not the superintendent.
- (b) Notification of the licensee and involved parents: The medical health officer is responsible for ensuring that the licensee and parents of children to be interviewed are informed that an investigation is taking place. Where it appears that the investigation will cause concern among other parents of children attending the facility, the medical health officer shall ensure that these parents are informed of the investigation where appropriate.
- (c) Ensuring the safety of the children: The licensee is responsible for taking the necessary steps to ensure that children in the facility are safe while the investigation proceeds. These arrangements must satisfy the medical health

officer that the children are safe. If the arrangements are not satisfactory to the medical health officer, the medical health officer should report this immediately to the board.

- (d) Reports: All written reports prepared for the medical health officer shall be submitted promptly.
- (e) Hearings: All those involved should be aware that the board may request their attendance and records at a hearing.
- (f) Relationship to criminal investigation: The investigation under the *Community Care Facility Act* is based on criteria different from those which apply to a criminal investigation. The medical health officer's investigation therefore is not dependent on criminal charges being laid or criminal conduct having occurred, and should proceed according to its own criteria (failure of a facility to comply fully with the act, regulations or other relevant legislation). Information which comes to the attention of the medical health officer which is relevant to the protection or criminal investigation aspects of the situation should be passed on to the social worker and police officer.

6. Family and Child Service Act investigation: If a protection investigation is indicated, the Ministry of Social Services and Housing shall conduct the investigation and ensure that the child or children involved are protected. Where the investigating social worker determines that there are no protection concerns respecting a particular child or children, further action of the social worker will be limited to assisting the parents and children involved as appropriate.

7. Investigations involving the police:

- (a) Contact with the alleged offender: When the police are conducting a criminal investigation, it is preferable that the police make the initial contact with the alleged offender. Other investigators should avoid contacting the offender without the knowledge and consent of the police unless to do so is required to fulfill a legal mandate.
- (b) Notification of criminal proceedings: The police should keep the medical health officer and the social worker informed of the status of the police investigation and of decisions regarding the laying of charges. Where the police have advised officially the medical health officer that charges will be laid, the medical health officer shall advise the licensee (unless the licensee is the person to be charged) and the parents of each child attending the facility that criminal proceedings will take place.
- (c) Criminal proceedings: All those involved should be aware that they may be subpoenaed to testify at criminal proceedings, and may be required to bring their records.

8. Interviewing children: Sensitive treatment of the child is a vital consideration. Where at all possible, the various investigators should cooperate respecting the interviewing of the children to avoid the necessity for multiple interviews. Please refer to Appendix C in this handbook, guidelines for interviewing children, for guidance on this point.

9. Notifying others of the recommendations of the medical health officer and the decision of the board:

(a) The recommendation of the medical health officer:

When the medical health officer has completed his investigation, he shall make his recommendation regarding the licence to the board, and shall advise the licensee of the results of his investigation, whether or not he has recommended any change in the status of the licence.

Where the medical health officer recommends that no action be taken, he shall also notify the regional director of the Ministry of Social Services and Housing and parents who were aware of the investigation of his recommendation.

Where the medical health officer recommends a change in the status of the licence, he shall not notify parents aware of the investigation of the outcome of his investigation until his recommendation has been considered by the board and the board has made a decision respecting the licence. Where the medical health officer recommends that the licence be cancelled or suspended, the board will inform the licensee of his right to be heard by the board prior to the board making a decision.

(b) The decision of the board:

Where the board decides that no action is required, the medical health officer shall advise the regional director of the Ministry of Social Services and Housing, the police where appropriate, and parents who were aware of the investigation of the board's decision.

Where the board decides to change the status of the licence:

- the board shall advise the medical health officer and the licensee of its decision;
- the medical health officer shall advise the regional director of the Ministry of Social Services and Housing, the police where appropriate, and the parents of children attending the facility of the status of the licence; and
- the regional director of the Ministry of Social Services and Housing shall advise those district offices whose staff may be issuing subsidy coupons to the facility of the status of the licence.

Protocol 3: Cases of Abuse or Neglect Allegedly Perpetrated by a School Board Employee

Application: This protocol shall be followed by all ministries, school boards and agencies in cases where abuse or neglect was allegedly perpetrated by a school board employee and is directly related to that person's position of trust as a school board employee.

1. Definitions:

"school board" means a board of school trustees constituted under the *School Act*

"superintendent of schools" means a superintendent of schools appointed pursuant to the provisions of the *School Act*.

- 2. Duty to Report:** Anyone who is aware of abuse or neglect allegedly perpetrated by a school board employee is required by law to report the matter immediately to a social worker in the Ministry of Social Services and Housing. The source and scope of the legal obligation to report is described in detail in section F of the overview of this handbook. In cases covered by this protocol, the social worker who receives the report will in turn notify the superintendent of schools and the police. Where a case comes to the attention of a school board employee, the employee shall report it to a social worker in the Ministry of Social Services and Housing immediately.

3. Legal mandates

The *School Act* permits school boards to suspend, discipline or dismiss a teacher for child abuse or neglect. As employers, school boards can take similar action respecting other school board employees as well.

Pursuant to the *Family and Child Service Act*, the Superintendent of Family and Child Service must investigate a report that a child or children may be in need of protection.

The police investigate allegations of criminal conduct.

- 4. The roles of the three key agencies:** the superintendent of schools, the Superintendent of Family and Child Service and the police:

The superintendent of schools or his delegate will investigate these cases on behalf of the school board, and recommend appropriate action to the board.

The Superintendent of Family and Child Service through her delegates, the social workers in the Ministry of Social Services and Housing, will investigate to establish the facts and to determine whether any child is in need of protection, and may provide support, counselling or referral services to the parents and children as needed and requested.

If it appears that a criminal offence has occurred, the police will conduct a criminal investigation.

5. Coordinating the initial response:

- (a) Notification: Whichever of the three key agencies receives the report shall notify immediately the other two. For example, a police officer who receives such a report shall notify immediately the superintendent of schools and a social worker in the Ministry of Social Services and Housing.
- (b) Initial planning: The superintendent of schools or his delegate, the social worker acting as delegate of the Superintendent of Family and Child Service, and the police shall meet immediately to determine in detail their respective roles and responsibilities in the case; to decide upon any immediate steps which should be taken to assure the safety and well being of the children involved; and to arrange for the notification of the parents of the children involved.

6. Assuring the safety and well being of the children: This can normally be done by the parents, and by the temporary suspension of the alleged offender from his duties where warranted.

7. Family and Child Service Act investigation: If a protection investigation is indicated, the social worker will conduct the investigation and ensure that the child or children involved are protected. Where the investigating social worker determines that there are no protection concerns respecting a particular child or children, further action of the social worker will be limited to providing information to the superintendent of schools, and assisting the parents and children involved as appropriate.

8. The school board investigation: The superintendent of schools investigating on behalf of the school board must determine whether suspension, discipline or dismissal of the employee is warranted.

- (a) Notification of affected parents: The superintendent of schools is responsible for ensuring that the parents of children who may have been affected have been notified.
- (b) Relationship to criminal investigation: The superintendent of schools' investigation is based on criteria different from those which apply to a criminal investigation. Remedial action by a school board is not dependent on criminal charges being laid or criminal conduct having occurred. However, where a criminal charge has been laid and the school board believes that the circumstances created by it render it inadvisable for a teacher to continue his duties, the board may suspend the teacher pursuant to the *School Act*.

Where criminal charges have not been laid, the school board may still suspend a teacher where the board considers that the presence of the teacher in the school would be dangerous or harmful to the pupils. The same principle applies to other school board employees who are not teachers.

Ultimately, the school board may dismiss or discipline a teacher or other employee where there is just and reasonable cause, whether or not the employee is charged with or convicted of a criminal offence.

9. Investigations involving the police:

- (a) **Contact with the alleged offender:** When the police are conducting a criminal investigation, it is preferable that the police make the initial contact with the alleged offender. Other investigators should facilitate this by not contacting the offender unless to do so is required to fulfill a legal responsibility. For example, the superintendent of schools may need to contact the alleged offender immediately to ensure the safety of the children. She should contact the police before doing this if possible, but if the police cannot or do not wish to act first, the superintendent should not postpone her own action.
- (b) **Notification of criminal proceedings:** The police should keep the superintendent of schools and the social worker informed of the status of the police investigation and of decisions regarding the laying of and proceeding with charges. Where the police have officially advised the superintendent of schools that charges will be laid, the superintendent should ensure that affected parents are notified.
- (c) **Criminal proceedings:** All those involved should be aware that they may be subpoenaed by Crown counsel to testify at criminal proceedings, and may be required to bring their records.

10. Interviewing the children: Sensitive treatment of the child is a vital consideration. Where at all possible, the various investigators should cooperate respecting the interviewing of the children to avoid the necessity for multiple interviews. Please refer to Appendix C in this handbook, *Guidelines for Interviewing Children*, for guidance on this point.

11. Providing assistance to parents and children: The school or the Ministry of Social Services and Housing should ensure that affected families receive the assistance they require in the form of support and referral services.

12. Notifying others of the recommendations of the superintendent of schools and the actions of the school board: The superintendent of schools should ensure that the Ministry of Social Services and Housing and the police are notified of his recommendations and the actions taken by the school board. Where a board dismisses or disciplines a teacher or an administrative officer, the *School Act* requires that the board report it without delay to the Ministry of Education and the Council of the College of Teachers giving reasons.

13. School board policies and local protocols must be consistent with this protocol.

PART IV.

Appendices

APPENDIX A. *The Family and Child Service Act*

"CONVENIENCE COPY ONLY"

FAMILY AND CHILD SERVICE ACT

[Amendment not in force; see sheet following this Act]

CHAPTER 11

[Act administered by the Ministry of Human Resources]

Assented to August 22, 1980.

Interpretation

1. In this Act

"apprehend" means to take a child into custody under this Act;

"child" means a person under 19 years old;

"child care resource" means

- (a) a foster home,
- (b) a group living home,
- (c) a facility, or
- (d) a child's own home

approved by the superintendent for the care of a child or children;

"court" means the Provincial Court;

"foster home" means a private home approved by the superintendent for the placement of a child, whether or not payment is made for maintenance of the child;

"guardian" has the same meaning as in the *Family Relations Act*;

"guardian of the person of a child" has the same meaning as in the *Family Relations Act*;

"in need of protection" means, in relation to a child, that he is

- (a) abused or neglected so that his safety or well being is endangered,
- (b) abandoned,

- (c) deprived of necessary care through the death, absence or disability of his parent,
- (d) deprived of necessary medical attention, or
- (e) absent from his home in circumstances that endanger his safety or well being;

"judge" means a judge of the Provincial Court;

"parent" does not include the superintendent but includes

- (a) the mother or father of a child,
- (b) the guardian or guardian of the person of a child,
- (c) the step-parent of a child, where a step-parent relationship is established by marriage between the step-parent and the mother or father of the child,
- (d) a person who is under a legal duty to support or maintain a child under an order of a court or under a written agreement,
- (e) a person who has been granted custody of or access to the child, and
- (f) a person who, having acknowledged a parental relationship to the child, has supported, maintained or cared for the child;

"permanent order" means a permanent order made under section 14;

"superintendent" means the person designated under this Act as the Superintendent of Family and Child Service and, in relation to any power, duty or function that the superintendent has delegated to another person, includes that other person.

1980-11-1.

Principles

2. In the administration and interpretation of this Act the safety and well being of a child shall be the paramount considerations.

1980-11-2.

Officials

3. (1) The minister shall designate as Superintendent of Family and Child Service a person appointed under the *Public Service Act*, and the superintendent shall be responsible to the minister for the administration of this Act and the regulations and be the Superintendent of Child Welfare.

(2) The powers of the superintendent, for the purposes of this Act and the regulations, include the power, subject to this Act and the regulations,

- (a) to enter into an agreement with a person for the development or provision, or both, of services to children or their families in the Province, and
- (b) to enter into an agreement with a person for the custody of a child of whom the superintendent is guardian, or of whom the superintendent has custody, but it is an implied term of the agreement that the superintendent may retake custody of the child at any time,

but a person who enters into an agreement with the superintendent under this subsection is an independent contractor and is not an employee of the government.

(3) The superintendent shall direct the investigation of reports that children may be in need of protection and the keeping of records of the reports and investigations.

(4) The superintendent may delegate any of his powers, duties, functions and capacities under this Act to any person or class of person, and that person or class of person shall be subject to his direction.

1980-11-3.

Short term custody agreements

4. Where a parent requires temporary assistance in caring for his child, the superintendent may enter into a short term care agreement with the parent providing for

- (a) care and custody or intermittent care and custody of the child during a period that does not exceed 3 months,
- (b) emergency medical treatment of the child in the absence of the parent,
- (c) resumption of care and custody of the child by the parent, and
- (d) other matters agreed between the parent and superintendent.

1980-11-4.

Special care agreements

5. Where the superintendent and a parent agree that the parent's child is in need of special care, the superintendent may enter into a special care and custody agreement with the parent providing for

- (a) care and custody or intermittent care and custody of the child during a period that does not exceed 6 months,
- (b) the nature of the care to be provided to the child,
- (c) emergency medical treatment of the child in the absence of the parent,
- (d) renewal of the agreement for further periods of not more than 12 months each, and
- (e) other matters agreed between the parent and superintendent.

1980-11-5.

General provisions respecting agreements

6. (1) Where a short term care or special care agreement has been made,

- (a) the parent may on notice to the superintendent terminate the agreement and retake custody of his child at any time during the term of the agreement,
- (b) the parent is not relieved of his obligation to maintain the child,
- (c) the agreement does not limit the power of a court to hear an application or make an order respecting the child, and
- (d) the superintendent may terminate the agreement by giving the parent 7 days' notice of termination.

(2) Where a short term care or special care agreement expires or is terminated and the parent neglects, refuses or is unable to resume custody of the child, the term of the agreement is extended for a period of 30 days.

(3) If within the 30 days referred to in subsection (2) the parent does not resume custody of the child, the child shall be deemed to be abandoned, and the superintendent may proceed under this Act as though he had apprehended the child.

1980-11-6.

Duty to report

7. (1) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.

(2) The duty under subsection (1) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.

(3) No action lies against a person making a report under this section unless he makes it maliciously or without reasonable grounds for his belief.

(4) A person who contravenes subsection (1) commits an offence.

1980-11-7.

Right of entry to investigate certain complaints

8. Where the superintendent has received a report that a child is in need of protection he shall investigate the circumstances, and if the parent or any other person refuses to allow the superintendent to have access to the child, the superintendent may apply ex parte to a judge in person or by telephone for a warrant authorizing him to enter and search a place specified in the warrant in order to investigate whether the child is in need of protection, and the judge may issue the warrant on being satisfied that access to the child is necessary to the investigation.

1980-11-8.

Apprehending a child

9. (1) Where the superintendent considers that a child is in need of protection, he may, without warrant, apprehend the child.

(2) Where any person refuses to allow the superintendent to enter the property to apprehend a child under subsection (1), the superintendent may apply ex parte in person or by telephone to a judge for a warrant authorizing the superintendent to enter the property, and the judge may issue the warrant on being satisfied that a request to enter the property for the purpose of apprehending the child was denied, and the superintendent may, on receipt of the warrant, enter the property and apprehend the child.

(3) Where the superintendent or a police officer has reason to believe that

(a) a child is in need of protection, and

(b) the child is in immediate physical danger,

he may, without warrant, enter any premises, using force if necessary and, where he considers it necessary to do so, apprehend the child and remove him to a place of safety.

(4) Where a police officer apprehends a child under subsection (3), he shall immediately report the matter to the superintendent, and the superintendent shall assume custody of the child.

(5) Where a child has been apprehended and before a report is presented to the court under section 11, the superintendent may, if satisfied that continued custody is unnecessary, return the child to the parent apparently entitled to custody.

1980-11-9.

Custody and guardianship by superintendent

- 10.** (1) Where a child is apprehended, the superintendent
- (a) has, subject to section 15, the right to custody of the child until
 - (i) the child is returned, in accordance with this Act, to the parent apparently entitled to custody of the child, or
 - (ii) an order terminating the superintendent's custody of the child is made under this Act, and
 - (b) may authorize emergency medical care and treatment of the child prescribed by a medical practitioner.
- (2) Where a child is apprehended and an order that the child be or remain in the custody of the superintendent is made under this Act by a court, the superintendent is, subject to subsection (3), the guardian of the person of the child until
- (a) the child is returned, in accordance with this Act, to the parent apparently entitled to custody of the child,
 - (b) another guardian or guardian of the person of the child is appointed under an enactment, or
 - (c) an adoption order is made in respect of the child under the *Adoption Act*.
- (3) The powers of the superintendent as guardian of the person of a child under this section do not, except where a permanent order is made, include the power to consent to the adoption of the child.
- (4) [Repealed 1984-30-43, effective April 2, 1985.]
- 1980-11-10; [amended 1983-10-21, not in force, amendment not included]; 1984-30-43, effective April 2, 1985.

Procedure following apprehension

- 11.** (1) Where a child is apprehended, the superintendent shall, not later than 7 days after the apprehension and whether or not the child is still in his custody, present a written report to the court.
- (2) On presentation of a report under subsection (1), the court may order that the child be brought before the court and shall do one of the following:
- (a) make an order approving the superintendent's action in returning the child under section 9 (5) where he has done so;
 - (b) order the superintendent to return the child to the parent apparently entitled to custody;
 - (c) order that custody of the child be retaken or retained by the superintendent until a further order is made under section 13;
 - (d) make an order under section 13 (1),
- but the court shall not act under paragraph (d) of this subsection unless the persons referred to in section 12 (2) (a), (b) and (c) consent to an immediate hearing to determine whether the child is in need of protection.
- (3) Where the court makes an order under subsection (2) (a) or (b) of this section it may order the superintendent to supervise the care of the child until a hearing is held to determine whether the child is in need of protection.

(4) An order under subsection (2) (c) may include provision for access to the child by his parents.

1980-11-11.

Arranging a hearing

12. (1) Where the court makes an order under

(a) section 11 (2) (a) or (b) it may, or

(b) section 11 (2) (c) it shall

fix a date, not later than 45 days after the date of the order, for commencement of a hearing to determine if the child is in need of protection.

(2) Notice of the hearing fixed under subsection (1) shall be in writing and served, at least seven clear days before the hearing,

(a) on the parents of the child and any person who had custody of the child when the child was apprehended,

(b) on the superintendent, or the person designated to act for him in the locality where the hearing will take place,

(c) if the superintendent believes the child is registered, or is entitled to be registered, as an Indian under the *Indian Act* (Canada), on the band manager or band social development officer of the Indian band to which the child belongs, and

(d) on other persons the court considers appropriate,

and the court may direct

(e) that notice on any person referred to in paragraphs (a) to (c) be dispensed with, and

(f) how a notice shall be served, or that there shall be substituted service, and when a direction under paragraph (f) is complied with the notice shall be conclusively deemed to have been sufficiently served, but where a person consents, service of written notice on him is not necessary.

(3) A hearing under this section shall be

(a) summary and civil in nature, and

(b) held at a different time or at a different place from the usual time or place for sittings of the court when dealing with criminal matters.

(4) Where a notice is served on a person under this section, he or his agent has a right to be heard at the hearing to which the notice relates.

1980-11-12.

Temporary custody orders

13. (1) Where, after holding a hearing to determine whether a child is in need of protection, the court finds that the child is in need of protection, it shall

(a) order that the child remain in the custody of the parent apparently entitled to custody,

(b) order the superintendent to return the child to the parent apparently entitled to custody,

(c) order the superintendent to retain or retake custody of the child for a period the court considers appropriate, not exceeding 12 months, and that during

that time a parent pay periodically to the superintendent a sum of money for the child's maintenance, or

- (d) proceed with the matter as if an application had been made under section 14 (1), except that for this purpose, section 14 (2) (a) shall be read as permissive,

but where the court finds that the child is not in need of protection, it shall order the superintendent to relinquish custody of him as soon as reasonably possible.

(2) An order made under subsection (1) (a) or (b) must include a provision that the superintendent may supervise the care of the child for a period the court considers appropriate, not exceeding 6 months.

(3) An order under subsection (1) (c) may include provision for a parent to have access to the child.

(4) Where an order for contribution to maintenance is made under this section it shall be enforced and varied in the same way as a maintenance order made under Part 4 of the *Family Relations Act*.

(5) Where a child is in the custody of the superintendent the court may, on application by the superintendent and on notice to the Public Trustee, appoint the Public Trustee to be the sole guardian of the estate of the child, and the Public Trustee shall, on receipt of notice of the appointment given to him by the superintendent, be the guardian of the estate of the child for a period the court orders.

(6) The superintendent or a parent of the child may, subject to the giving of notices in the same way as under section 12 (2), apply to the court for rescission or variation of an order made under subsection (1) or (5) of this section, on the grounds that the circumstances have significantly changed.

(7) The superintendent may, subject to the giving of notices in the same way as under section 12 (2), apply to the court for extensions, for periods not exceeding 6 months each, of an order made under subsection (1) (c) of this section where he considers it likely that the conditions that led to the taking of the child into custody will be remedied so that the child can be returned to the parent apparently entitled to custody of him.

1980-11-13.

Permanent order

14. (1) Where an order has been made under section 13 (1) (c) the superintendent may, by application to be brought on for hearing not sooner than 30 days before the expiration of the order, apply to the court for a permanent order.

(2) The court

(a) shall make a permanent order where

(i) the child's parent cannot or refuses to resume custody of the child, or

(ii) the identity or whereabouts of the parents are unknown and have not been ascertained after a diligent search, and

(b) may make a permanent order where

(i) the superintendent considers that the child ought not to be or cannot be returned to his parent, and

- (ii) the conditions that led to the child's apprehension or similar potentially harmful conditions still persist or exist and there is little likelihood that those conditions will soon be remedied.
- (3) The court shall, in deciding whether to make the permanent order, consider
 - (a) a parent's emotional condition, mental condition, mental deficiency or use of alcohol or drugs and whether these factors make the parent consistently or repeatedly unable to care adequately for the child,
 - (b) abuse or neglect by the parent of any child in the family,
 - (c) the child's feelings towards and emotional ties with his parents,
 - (d) efforts made by the parents to adjust their circumstances, conduct or conditions to make it in the child's best interest to return home, including
 - (i) the extent to which the parents have maintained contact with the child and with the person who has had custody of him, and
 - (ii) the extent to which the parents, if able to do so, have contributed to the child's maintenance, and
 - (e) any other factor that the court considers relevant.
- (4) A permanent order shall appoint the superintendent guardian of the person of the child and a parent shall, subject to subsection (11) and section 21, not thereafter resume guardianship of the child.
- (5) Where the court makes a permanent order, it shall order that the Public Trustee be the guardian of the estate of the child and shall cause a copy of the order to be sent to the Public Trustee.
- (6) Section 12 (2) and (3) applies to a hearing of an application under this section.
- (7) Where the court does not make a permanent order, it shall order that
 - (a) the child be returned to the parent apparently entitled to custody, or
 - (b) the child remain in the custody of the superintendent for a further period not exceeding 6 months, and may include provision for the parent to have access to the child.
- (8) On expiry of an order referred to in subsection (7) (b), the court shall
 - (a) make a permanent order, or
 - (b) order that the child be returned to the parent apparently entitled to custody.
- (9) An order made under this section in respect of a child does not affect his rights respecting inheritance of or succession to property.
- (10) Subsection (9) does not affect the operation of the *Adoption Act*.
- (11) Where a permanent order has been made, the superintendent may apply to the court for rescission or variation of the permanent order, and the court may make an order under this Act it considers appropriate.
- (12) A permanent order made pursuant to section 13 (1) (d) shall not, unless
 - (a) the application for the order is not opposed, or
 - (b) the consent of the parents or guardian, if any, to permanent committal is obtained,be effective or operative until 6 months have elapsed from the day an order was made in respect of the child under section 11 (2) (c), but shall, in the meantime, operate as an order under section 13 (1) (c).

1980-11-14.

When superintendent's duties cease

15. Where the superintendent is guardian of the person of a child or has the right to custody of him under this Act, the superintendent ceases to have guardianship or the right to custody where the child

- (a) becomes 19 years old,
- (b) becomes adopted, or
- (c) marries and the court approves termination of the guardianship.

1980-11-15.

Placement of children

16. (1) Where a child is in the custody of the superintendent, the superintendent shall, subject to section 9 (5), arrange, as soon as possible, for the child to be placed in a child care resource.

(2) Where custody of a child is awarded to the superintendent by an order made or enforceable under this Act and the superintendent is denied the exercise of custody, a court may, on ex parte application, order that the child be apprehended by a peace officer and taken to the superintendent.

(3) A person who refuses or neglects to relinquish custody of a child in compliance with an order under subsection (2) commits an offence.

(4) Where a court makes an order under which the superintendent has a right to custody of a child, or where a custody order is enforceable by a court, the court may order that a person

- (a) shall not enter premises where the child resides from time to time, or
- (b) shall not contact or endeavour to contact or otherwise interfere with either the child or any person having custody of or access to the child,

and the court may make an order under both paragraphs (a) and (b).

1980-11-16.

Visiting and inspecting

17. (1) A person who has custody of a child under an order or agreement under this Act shall

- (a) allow the superintendent to visit the child and to inspect the place where the child lives,
- (b) give the superintendent on request full information and particulars about the child, and
- (c) allow the superintendent on request to inspect the person's records about the care and maintenance of the child.

(2) Where a person neglects or refuses to comply with subsection (1) (a) or (c), the superintendent may apply ex parte to a court for a warrant authorizing him to enter the premises where the child lives or where the records are kept and to inspect the premises or the records, and the court may issue the warrant on being satisfied that the request was made and that there was no or inadequate compliance, and the superintendent may, on receipt of the warrant, enter the premises, visit the child and inspect the premises and records.

1980-11-17.

Public investigations

18. Where under this Act or by an arrangement with a child's parent a child lives apart from his parent in the custody of another person, and the superintendent considers that the custody or the place where the child lives is not in the child's best interest and should be publicly investigated, he shall report the circumstances to the minister, and the Lieutenant Governor in Council may, on the recommendation of the minister, appoint a person to inquire into and report on the matter and may direct the nature, extent and manner of the inquiry, and sections 12, 15 and 16 of the *Inquiry Act* apply.

1980-11-18.

Procedure and powers of court

- 19.** (1) The court may, with respect to a proceeding under this Act,
(a) compel the attendance of witnesses and administer oaths, and
(b) adjourn the proceeding.

(1.1) Where a court has made an order under section 13 (1) (c), the superintendent has applied for a hearing for an order under section 13 (7) or 14 (1) and the court adjourns the proceeding, the child shall, notwithstanding the fact that the period specified in the order under section 13 (1) (c) has expired during the adjournment, remain in the custody of the superintendent until the application is disposed of by the court.

(2) The court shall deliver to the superintendent a certified copy of the order made after every hearing under this Act, except in respect of an offence.

(3) Where proceedings authorized by this section have been commenced before or heard by a judge who is subsequently unable to hear further proceedings in the same matter, further proceedings may be continued before and heard by another judge having jurisdiction, and he may give directions with regard to the rehearing of evidence, make any necessary interim orders and shall have the same power as if the proceedings had been commenced before and heard throughout by him.

(4) Where a court issues a warrant authorizing the superintendent to enter premises, the superintendent may, if necessary, make the entry by force and may request the assistance of a peace officer, and where he makes such a request, the peace officer may accompany and assist him.

1980-11-19; 1982-76-13.

Appeals

20. An appeal lies from an order of the court, and sections 91 to 94, 98 to 102, 104, 105 and 107 to 114 of the *Offence Act* respecting appeals apply.

1980-11-20.

Supreme Court jurisdiction

21. Nothing in this Act limits the inherent jurisdiction of the Crown, through the Supreme Court, over infants, as *parens patriae*, and the Supreme Court may rescind a permanent order where it is satisfied that to do so is conducive to a child's best interest and welfare.

1980-11-21.

Records

22. (1) No person shall disclose information obtained under this Act respecting an individual except

- (a) to his own counsel in a proceeding,
- (b) when giving evidence in a proceeding, or
- (c) where disclosure is necessary for the administration of this Act or is required by another Act.

(1.1) Notwithstanding subsection (1), the superintendent may disclose information obtained under this Act respecting an individual

- (a) to any person if the superintendent considers that disclosure of the information is necessary to ensure the safety or well being of a child, or
- (b) to the individual if,
 - (i) when the individual was a child, the superintendent was guardian of the person of the child or had the right to custody of the child under this Act, and
 - (ii) when the information is disclosed, the individual is at least 19 years old.

(2) A person who contravenes this section commits an offence.

1980-11-22; 1988-45-4

Child acting contrary to law

22.1 (1) Where a peace officer considers that

- (a) a child is less than 12 years of age, and
- (b) the child

- (i) has acted in a manner prohibited by law, or
- (ii) has failed or refused to act in a manner required by law,

the peace officer may take charge of the child and deliver him to a parent.

(2) Action taken by a peace officer under subsection (1) is not an apprehension for any purposes under this Act.

1984-30-44, effective June 11, 1984 (B.C. Reg. 165/84).

Protection from liability

23. No person is personally liable for anything done or omitted in good faith in the exercise or purported exercise of the powers conferred by this Act.

1980-11-23.

Regulations

24. (1) The Lieutenant Governor in Council may make regulations.

(2) Without limiting subsection (1), the Lieutenant Governor in Council may make regulations

- (a) respecting practice, evidence and procedure in the court in proceedings under this Act,

- (b) prescribing the circumstances in which a case begun before one judge may be continued before another, or in which a change of venue may be made, and
- (c) providing for the recognition and enforcement of orders made in another province or state as to the care, custody, maintenance and guardianship of children who, in that province or state, are in the care, custody or guardianship of a superintendent, director of child welfare or other provincial or state official charged with the supervision or care of children.

1980-11-24.

Consequential Amendments

25 to 32. [Spent. 1980-11-25 to 32.]

Commencement

33. This Act comes into force on proclamation.

1980-11-33.

[Note: Act proclaimed in force June 1, 1981, B.C. Reg. 212/81, Part II Gazette Vol. 24, p. 417.]

APPENDIX B: Indicators of Possible Abuse or Neglect

It is important to remember that many of the indicators of abuse or neglect, in themselves, are not clear indications that abuse or neglect is occurring. The following list of indicators is offered with the caution that the actual assessment of whether or not a child is being abused should only be undertaken by a social worker from the Ministry of Social Services and Housing or other professionals with specialized knowledge in this area.

It is also very important to note that many of the behavioral indicators could be displayed by a child who is not being abused or neglected. Most children display some of these behaviors at one time or another. However, when these behavioral problems occur often or over a long period of time, one should be alerted to the possibility that the child is at risk or being abused.

This list provides only a set of guidelines for parents, professionals and others working with children to alert them to the possibility that abuse or neglect may be occurring so that they can take appropriate action.

1. Medical/Physical Indicators of Abuse or Neglect

- (a) Any major injury in a child, including burns, not associated with a probable accident, for example, house fire or auto accident.
- (b) Bruises and welts on the face or on large areas of the torso, back, buttocks, or thighs. The bruises and welts may be in unusual patterns, clustered or reflective of the instrument used to inflict them. Bite marks are easily recognized, but size is significant to differentiate between adult and child bites.
- (c) Fractures of the skull, jaw or nose; spiral fractures of the long arm and leg bones or rib fractures. These fractures may be multiple or in various stages of healing. **ANY FRACTURE IN A CHILD UNDER THREE IS SUSPECT.**
- (d) Any serious injury in infancy or childhood discovered by physical or x-ray examination when a history of injury was withheld by the parent.
- (e) Any infant who deviates significantly from the normal pattern of growth and development without a physical cause.
- (f) An infant or child who demonstrates lack of adult care such as dehydration and/or malnutrition.
- (g) Periosteal reaction along long bones and "corner" fractures occurring together are non-accidental.
- (h) Subdural hematoma in infancy, especially in association with another injury.
- (i) Duodenal hematoma in children who have not had handlebar injuries.

- (j) Injuries such as gastro-intestinal hematoma with obstruction or perforation or peritonitis may result from a physical attack on a child.
- (k) Very young children who present with idiopathic seizures, especially with widespread bilateral retinal hemorrhages, may be victims of the "whiplash shaking syndrome".
- (l) Repeated poisonings and/or accidents.
- (m) A child who displays extreme fright, watchfulness, passivity or catatonic postures under examination.

2. Medical/Physical Indicators of Sexual Abuse

- (a) Pregnancy in a child.
- (b) Sexually transmitted disease in a child.
- (c) A child with a urinary tract or vaginal infection, or anal fissures.
- (d) A child who presents encopresis or enuresis, especially secondary. This is particularly significant in males.
- (e) A child with persistent somatic complaints or abdominal pain where medical examination shows no physiological basis for the complaints.
- (f) Perineal bleeding or discomfort in a child.
- (g) Vaginal or anal trauma, including vaginal or bladder infection, laceration, bleeding, abrasion, or discharge.

3. Emotional and Behavioral Indicators of Physical or Sexual Abuse, or Neglect

- (a) A child who shows marked behavioral or emotional changes in one or more areas of functioning where there is no clear precipitating factor.
- (b) A child who has unusual or sudden fear of adults or one particular individual.
- (c) A child who shows fear of removing clothing in gym classes or in a doctor's office, or refuses to use toilet facilities when attending day programs.
- (d) A child who doesn't want to go home, or strongly objects to going to day care or to school.
- (e) A child who shows an overly detailed, age-inappropriate knowledge of sexual behavior, including sexualized drawings, "provocative" sexual behavior, or a preoccupation with sex in conversation.
- (f) A child who, in the absence of the parents, is inappropriately affectionate with strangers.

- (g) Severe depression or any serious self-destructive behavior, like drug abuse or attempted suicide.
- (h) Sleeping disturbances like nightmares, fear of going to bed, screaming, or fear states such as phobias or conversion hysteria.
- (i) A child who attempts inappropriate sexual behavior with other children, particularly younger children and perhaps in an angry, aggressive or controlling way.
- (j) Unusual or sudden fear of particular areas of the house, for example bathrooms, any room with closed doors, a bed.
- (k) A child whose personal hygiene is consistently substandard.

4. Parent Behaviors that may indicate Abuse or Neglect

- (a) A parent who is vague or inconsistent about details of an injury he would be expected to know about. The parent may also blame a third party for the injury.
- (b) Parents who show no concern and resist contact with the child once the child is admitted for medical treatment.
- (c) A parent who refuses to consent to further diagnostic tests or treatment when it is clearly required for the safety and well being of a child.
- (d) A parent whose behavior puts the child at risk or is insensitive to the child's needs. The degree of risk will vary depending on the age and developmental level of the child.
- (e) A parent who shows evidence of temper, impulsiveness, loss of control or fear of losing control in relation to the child to the extent that the child's safety or well being is endangered.
- (f) A parent who has a history of unwanted pregnancies or sexual abuse as a child.
- (g) A parent or family who is isolated from the community or support systems.
- (h) A parent who suffers from a mental condition that may at times limit his ability to protect the child.
- (i) A parent who is consistently critical or unsympathetic towards the child or claims the child is seductive.

5. Additional Factors that may create a High Risk Situation

- (a) When a teenage, pregnant girl opts to keep her baby but has no plan for caring for the child or existing adult support.
- (b) Maternal or child illness, prematurity, neonatal complications or congenital abnormalities which may impair maternal child attachment.

- (c) When there are difficult to handle problems in a infant such as colic, feeding problems or vomiting, poor or disrupting sleep patterns, sleep resistance, hyperactivity, poor eating habits or failure to thrive.
- (d) Environmental problems such as poor housing, overcrowding, repeated financial crises, unemployment, or frequent moves which lead to extreme family stress.
- (e) Acute or chronic illness in the parent or severe post partum depression.
- (f) Where a child has special needs which create ongoing stress for the family to the extent that the family cannot cope with the situation.

APPENDIX C: Guidelines for Interviewing Children

Interviewing a child who may have been abused or neglected is difficult and requires expertise. On the one hand, the child must be supported and the interview conducted so as to make it as positive as possible for the child. On the other hand, the child's account of events must be carefully obtained in a non-suggestive manner and evaluated for validity. Thus, the interviewer must perform the difficult task of making it as easy as possible for the child to relate traumatic experiences, and at the same time scrupulously avoid leading the child.

The guidelines below are not intended to replace education and training in the dynamics of child abuse and interviewing skills; everyone who interviews child victims of alleged abuse or neglect must be knowledgeable about child abuse and trained in interviewing. Rather, the guidelines are intended to serve as a reminder of some of the key features of a child abuse interview. The guidelines are designed primarily for sexual abuse interviews, but may be adapted to other situations as well.

It cannot be emphasized enough that the use of untrained interviewers is dangerous and should be avoided. An inexperienced interviewer who is unfamiliar with patterns of child abuse may elicit information from the child which is confusing and lacks detail. This may cause the child's allegations to be wrongly discredited, and place the child at great risk of retribution and further abuse.

Planning the interview:

Where more than one person is investigating allegations of abuse (e.g., a social worker and a police officer), **they should jointly arrange for the child to be interviewed where possible.** This avoids subjecting the child to the unnecessary trauma of multiple interviews by various investigators. It may be done by agreeing on the information which needs to be obtained; delegating the task of interviewing to a skilled and knowledgeable interviewer (who may be one of the investigators); and videotaping the interview sessions. Where more than one investigator must be present at the interview for some reason, only one should interview the child. The other investigator should be introduced to the child, and in most cases sit outside the child's direct line of vision to avoid the possibility of that person's reactions affecting the child. Police officers should consider wearing plainclothes, as a uniform may intimidate a child.

It is sometimes appropriate to have an adult trusted by the child at the interview, such as a teacher in whom the child has confided. The child can be asked his or her preference. If a parent is implicated in any way in perpetrating, concealing or ignoring the abuse, or has failed to support the child, the parent should not be present. Nor should any person whose presence might intimidate the child.

If a trusted adult is present, it is best that he or she not participate in the interview itself, in order to minimize the possibility of the child being led. This should be made clear to the adult before the interview. It is best for the adult to sit next to the child, and not in the child's direct line of vision, to minimize distractions and the possibility of the adult's reactions affecting the child.

The interview should take place in a private, comfortable, non-threatening place. When the child is young, there should be a few toys in the room, but not so many as to distract the child.

The interviewer must approach the interview with an open mind. There may be many explanations for the allegations or other evidence which gave rise to the interview, and the purpose of the interview is to find out the truth. The interviewer must also remain calm and non-judgemental when abuse is disclosed. A person who is unable to do this should not interview the child. An interviewer who reacts with revulsion or horror to a disclosure of sexual abuse may increase the child's natural feelings of guilt and shame.

The interviewer should be as well-informed as possible about the case before conducting the interview. It helps to know who the child's family members are, where the child lives and goes to school, from whom the allegations of abuse arose, and the details of the allegations.

Videotaping and audiotaping: Taping, especially videotaping, is recommended. It creates a permanent record of the interview which can be assessed by various experts. It may avoid the need for multiple interviews. It avoids the need to rely on notes although notes should always be taken in case of equipment failure. The tape may be used in court as evidence where relevant legal criteria are fulfilled; information about the criteria may be obtained from Crown counsel. The Provincial Child Care Facilities Licencing Board has the authority to admit videotape evidence in its hearings. Videotaping should be done in accordance with local protocols and procedures.

Videotapes create a significantly more reliable record of the interview than the interviewer's notes, even where the notes are quite comprehensive. This is because the recall of the interviewer is likely to be affected by the interviewer's conclusions on the matter, and even extensive notes cannot record all the child's words and non-verbal behavior.

If the interview will be taped, take time to allow the child to become comfortable with the taping. Explain that the session will be taped, and let the child try out the machine. If the child strongly objects to being taped, it is usually best not to force the issue. Use reliable equipment.

Children with handicaps: Where the interview involves a child with a handicap which affects the child's ability to communicate, the interviewer should have expertise respecting the particular handicap. Because a disclosure from such a child may have to

involve non-verbal forms of communication, it is particularly important to videotape the interview so that future assessments of the validity of the disclosure are not dependent on the interviewer's credibility alone. Where the interview cannot be videotaped, it may be appropriate to have a skilled observer present to witness and record the child's disclosure.

Meeting the child: When the child has been brought to the interview by another person, the interviewer should spend a few minutes chatting with the child and the other person. This allows the child to get used to the interviewer in the presence of a known person, and gives the interviewer a chance to introduce himself or herself to the child, and to tell the child that he or she will talk to the interviewer in another room while the child's companion waits. If the interview is videotaped, the interviewer should refer to this conversation at the beginning of the tape.

Establishing rapport: The first portion of the interview should be devoted to helping the child feel comfortable and establishing rapport with the child. A young child may play with the toys during this period. The interviewer should attempt to have a general conversation with the child about neutral topics or events — school, a popular TV show or movie, etc. The interviewer should assess informally the child's level of development and social skills. This will enable the interviewer to tailor the questions and interview techniques to the child's level of development. If the interview will be taped, the child should be told that at this time and be allowed to try out the taping equipment.

This stage of the interview should not be unduly prolonged or a child may become wary. At the end of this period, the toys should be put aside so that the interview can proceed without distractions.

Obtaining the child's account of events: The major portion of the interview is devoted to obtaining the child's account of events. It must be conducted in a non-leading fashion.

It may be appropriate at the outset to discuss the importance of telling the truth in words the child will understand, such as "We're going to talk only about things that really happened — nothing pretend." It is also important to let the child know that answers such as "I don't know" are acceptable.

At this point, the interviewer should try to allow the child to introduce the subject of abuse by asking general, non-leading questions such as "Do you know why we're here?" or "I'm here to help if you are having any problems." The interviewer should try to approach this part of the interview from a "blind" perspective, that is, as if the interviewer had no details of any abuse. This perspective helps to avoid leading the child, and allows the child to relate events in his or her own way. Let the child set the pace of the interview. If the child becomes upset, back off and switch to another topic for awhile before returning to any problems the child may be experiencing.

Questions concerning the child's general routines such as bathing, dressing, how the evenings are spent, going to bed, what happens when mom goes out, etc. may be useful in precipitating a disclosure of problems by the child. If these questions do not elicit any substantive response, it may be necessary to ask more pointed questions which are as non-suggestive as possible, such as "We've been told you are upset about something lately. Is that true?" or "Has anyone made you feel badly lately?"

If the child still does not disclose any abuse, the child could be asked to explain known facts such as "We understand that you have a sore bottom. How did that happen?"

If the child begins to disclose abusive events, listen until the child stops talking. At that point, you may need to clarify with the child the words the child uses to describe body parts. Drawings and diagrams can be useful aids in doing this. Clarification may be needed for older as well as younger children; many adolescents appear to know more about sexual matters than they really do.

If the child has not disclosed any information about abuse at this point, the next step is a matter of professional judgement. It is usually best to terminate the interview by thanking the child, making another appointment if appropriate, and letting the child know that your door remains open and how to contact you. However, if the child has disclosed abuse to someone else it may be appropriate to put the disclosure to the child and ask directly if it is true. This should only be done if in the social worker's judgement it is necessary to fulfill the mandate to protect the child.

Supporting the child and obtaining further detail: If the child has disclosed abuse, efforts should be made to alleviate the child's anxiety and fear. An investigative interview can be therapeutic for a child who has finally unburdened herself or himself. Many sexually abused children fear that no one will believe them if they disclose the truth. It may be a great relief for the child to know that he or she is believed, and it is therefore appropriate for the interviewer to tell the child she is believed. However, as with any other form of reassurance, this should not be done unless it is true; if the interviewer has reason to doubt the truth of the child's account of events, the interviewer should not convey belief to the child.

It may also help the child to tell the child that she is not alone - that these things have happened to other children known to the interviewer. Many sexually abused children believe that they are the only child to whom this has happened, and this increases feelings of guilt and shame.

Once abuse has been disclosed, the interviewer should elicit from the child as much detail as possible, including the identity of the offender; times; places; frequency; how long the abuse has been going on; who was present and where other family members were; clothing; the positions, actions and words of those involved; whether anyone else knew of the abuse; etc. But do not exhaust the child; if the child appears to have had enough, arrange another session.

Details must be elicited in a non-leading way by using open-ended questions such as "Where did these things happen?" or "What happened then?" Do **not** use questions that suggest an answer, such as "Did your father do those things?"

In cases of delayed disclosure, it may be helpful to ask the child why he or she decided to disclose now. This may elicit information about what the child would like to see happen, the child's fears, and other problems in the home.

Ending the interview: As noted above, a child who has not disclosed abuse, or who has stated that no abuse occurred should be thanked, another appointment should be made if appropriate, and the interviewer should let the child know that the door is open and how to contact the interviewer.

Where the child has disclosed abuse, the interviewer should reassure the child. The child should be asked what he or she would like to see happen and be told about what may happen. The child should be told that it is not his or her fault. All reassurances must be honest — do not tell the child that protective measures will be taken unless you are sure that this is so. The child should be told that the door is open and how to contact the interviewer.

The importance of not leading the child: The use of leading questions could ultimately cause a protection case or criminal prosecution to fail, and therefore increase the risk to the child. Where there is little or no corroborative evidence of sexual abuse, the credibility of the child's account of events is crucial because the child's allegations are the only evidence. The use of leading questions may raise doubts about whether the child has related events which actually occurred, or has picked up cues from the interviewer and responded so as to please the interviewer. This applies not only to leading questions, but to any forms of suggestion, threats or promises.

The use of aids: Particularly with young children, it may be necessary to use aids to enable the child to convey abusive events. This should be done only if necessary, and non-suggestive aids are best. The non-suggestive aid of felt pens and paper allows a child to draw things she may have difficulty describing clearly, such as the room in which abuse occurred, the positions of the persons involved, body parts, etc. Diagrams of nude figures may be helpful in enabling the child to identify body parts, but it is best not to introduce these until after the child has begun to disclose abuse to avoid any possibility of suggestion. A collection of normal (not anatomically correct) dolls may help the child to identify family members and describe events.

Anatomically correct dolls should be used only with caution, and then only by someone highly skilled in their use. The dolls present several problems. Because of the exaggerated size and unusual presence (on a doll) of sexual organs, the dolls themselves may be suggestive. There has not been enough research done on how children who have not

been sexually abused play with these dolls; it may be that it is not indicative of sexual abuse for a child to manipulate the dolls in ways that mimic sexual activity. It may be difficult to interpret the doll play with any precision; investigators can and do disagree in their interpretations. Some judges are skeptical about the credibility of conclusions drawn from demonstrations involving these dolls. Despite all this, the use of these dolls should not be ruled out. A young or developmentally delayed child may not be able to describe events in any other way. Additionally, the dolls can be used after disclosure to clarify the matters a child has already disclosed. If the dolls are used, it is more important than ever to make a videotape, so that the investigator's conclusions can be verified by others.

Assessing the validity of the child's statement: Determining whether or not abuse related by a child did in fact occur is a complex matter which will not be covered in detail here. Two ways of making a determination respecting validity are:

- checking the child's account of events against other evidence, such as medical signs of abuse; details of the child's account which can be verified by other witnesses; past behavior of the offender, etc.; and
- assessing the child's statement itself for indicators of validity. Criteria for assessment of the statement's validity include factors such as general coherence; repeated themes in the abusive incidents described; the child's non-verbal behavior while making the statement; a progressive pattern of abuse, i.e. did the abuse progress from tentative to more comprehensive forms of sexual activity, as is usually the case in sexual abuse; the amount and type of detail; recall of detail spontaneously triggered by the child's noticing something in the environment; unexpected events at the time of the abuse such as a knock on the door; excusing the offender; and the existence of threats or coercion. This assessment of the statement itself for validity should be done in addition to checking the statement against other available evidence, and it must be remembered that the absence of these factors does not necessarily mean that the abuse did not occur.

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APPENDIX D: The Role of the Physician In Incidents of Child Abuse

Dr. J. E. Carter, M.B.Ch.B, FRCP(C)
Director, Child Protection Service
Children's Hospital
Vancouver, B.C.

Child abuse occurs with alarming frequency in British Columbia. As public awareness increased, the number of reported and confirmed cases increased too.¹

In 1972, 105 cases were reported and substantiated. Ten years later in 1982 the number had increased to 1,536.² Since physicians, particularly family physicians, are primary care givers and, in the case of infants, are frequently the only professionals to whom the child is exposed outside the family, a heavy responsibility rests on the physician to diagnose child abuse and also to detect early family dysfunction which might indicate a child at high risk for abuse.

Child abuse covers a spectrum of maltreatment of a child. This includes physical and mental injury, neglect and sexual abuse which jeopardizes the child's well-being and, perhaps, his life. It makes more sense to diagnose child abuse and intervene appropriately than to wait for the classic picture of "The Battered Child" as described by Kempe.³ Children at risk for severe abuse often present earlier in a doctor's office with milder injury since abuse tends to be recurrent. Any form of trauma which is not fully or properly explained should raise the suspicion of child abuse.

1. Duty to Report

The *Family and Child Service Act*, 1981, states that:

- (i) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.
- (ii) The duty under subsection (i) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.
- (iii) No action lies against a person making a report under this section unless he makes it maliciously or without reasonable grounds for his belief.
- (iv) A person who contravenes subsection (i) commits an offence.⁴

Under British Columbia law, the requirement to report child abuse **includes physicians**. Subsection (ii) specifically removes the claim of confidentiality or privilege which a physician may use as a reason for not reporting. The Registrar of the B.C.

College of Physicians has outlined the college's position with respect to child abuse on a number of occasions, and has stated that the college cannot and will not protect any physician who does not comply with the law. 5, 6, 7

If there is any apprehension around the issue of reporting, subsection (iii) specifically indicates that no action can be taken against anyone making a report in good faith and also states further, in subsection (iv) that if such a report is not made the individual is actually committing an offence and can be liable to prosecution. Since physicians are front line professionals who may be exposed to evidence of abuse, it is absolutely necessary that the physician is knowledgeable about child abuse and his responsibilities and acts accordingly.

Responsibilities of the Physician

- (1) to diagnose the abused child;
- (2) to treat medical injuries appropriately;
- (3) to attempt prevention of abuse by recognizing potentially abusive parents; and
- (4) to report abuse cases to the Ministry of Social Services and Housing.

Diagnosis

A high index of suspicion is necessary for the successful diagnosis of child abuse. Diagnosis will be relatively easy where it is obvious that the injuries were intentionally inflicted. If the intentionality is not obvious, but the nature of the injuries gives any cause for suspicion, the diagnosis of child abuse must be given serious consideration.

Physical and sexual abuse may occur together but it is easier to discuss each separately since they differ in certain aspects.

2. Physical Abuse

Physical abuse may involve soft tissue injury, burns, skeletal and/or systemic injury. Poisoning may be intentional and this can be considered physical abuse. Non-organic failure to thrive or under-nutrition may also be intentional and can occur as an isolated problem but generally is an associated feature of physical or emotional abuse.

3. History

A suspicion of abuse should be aroused whenever a child with an injury presents with any or all of the following features:

- (a) Delay by his parents in seeking medical advice.
- (b) A history not compatible with the injury.
- (c) Discrepancies, contradictions or inconsistencies in the history.

- (d) Vagueness about specific and important details.
- (e) Parents who do not wait or show appropriate concern once the child has been admitted.
- (f) Failure to visit or enquire about the child.

4. Diagnostic Considerations

Child abuse should be a diagnostic consideration when children are seen with any of the following clinical findings:

- (a) **BRUISES:** The most obvious external sign of child abuse is multiple bruising. Since active children, particularly in the toddler age group, frequently have multiple bruises because of accidental falls, the diagnosis may not be easy. In accidental injury, bruises may be multiple and variably aged, but most are in sites exposed to trauma, mainly the extensor surfaces of the lower limbs and sometimes the upper limbs. Similarly, single hematomas with swelling on the forehead are most likely due to accidental trauma.

Bruising in children not yet ambulatory is less common, more important, and should arouse a higher suspicion of abuse. The history is important. An inadequate, hesitant or inappropriate explanation is significant. Physical examination may often reveal a bruising imprint which is the clue to the cause. The bruise may be of unusual shape. A hand or finger print, belt or loop mark, pinch or bite mark may be found. Bite marks are usually easily recognized but careful measurement is necessary to differentiate adult/child bites.

The aging of bruising is difficult and its appearance may be modified by many factors. A modified guide for aging bruises is given in the following table. Note the degree of imprecision.

0 - 2	days - swollen, tender
0 - 5	days - red and blue
5 - 7	days - green
7 - 10	days - yellow
10 - 14	days - brown
2 - 4	weeks - clearing

Many bruises occur in the context of corporal punishment. One has to use common sense with respect to injuries resulting from child abuse. Appropriate guidelines are as follows:

- (i) Injury requiring medical treatment.
- (ii) Multiple variable aged bruising.

- (iii) Bruising on the head and face.
- (iv) Bruising in children under one year.
- (v) Injuries which could have resulted from kicking, hitting with a closed fist or dangerous instrument.

Since the medical record may be required for court, either because of the incident or some later incident, it is imperative that full, correct documentation is made. The sites, number of bruises, size, aging, possible causes, and any associated injuries must be carefully noted.

- (b) **FRACTURES:** Any type of fracture may occur with severe trauma, whether accidental or non-accidental. Spiral fractures and subperiosteal hematoma are frequently associated with child abuse. Spiral fractures result from a twisting or rotatory injury. Whereas this type of fracture may be seen in toddlers following an accidental fall, such an injury is extremely unusual in the younger child. Child abuse fractures are frequently due to pulling or wrenching motions that damage the metaphysis of the long bones. There is often associated bleeding under the periosteum. Thus a characteristic appearance of a chip fracture at the end of a long bone with subperiosteal hematoma is seen. The chip may be visible at the time of the injury but sometimes may only be seen after two weeks.

Rib fractures are a common finding in child abuse cases but are rarely seen in cardiopulmonary resuscitation.⁸

Linear fractures of the skull are frequently encountered in accidental falls. A full history and physical examination for other signs of trauma should be undertaken to exclude child abuse.

Multiple fractures, particularly if in different stages of healing, are highly suggestive of child abuse.

- (c) **BURNS AND SCALDS:** Burns often pose a diagnostic dilemma. Approximately 10 per cent of burns are caused by non-accidental injury. Other burns may be accidental but give rise to concern as to the type of care and supervision the child is receiving. "Stocking" or immersion type burns and burns of unusual appearance are suggestive of child abuse. Rarely, a patterned burn, e.g. of a grill, burner or iron may be seen.

Cigarette burns are small, circular, usually well-defined and multiple. They are seen on exposed parts of the body, the hands, feet and face. Occasionally, they are difficult to distinguish from infected skin ulcers.

- (d) **SYSTEMIC INJURY:** Any organ is vulnerable to severe trauma. Any unusual injury should therefore raise the suspicion of child abuse.

- (i) *Central Nervous System*: The combination of head injury, multiple fractures and bruising was classically associated with child abuse and labelled the "Battered Child Syndrome". Subdural hematoma is the leading cause of death and morbidity in child abuse. Over 95% of serious intracranial injury in the first year of life is the result of child abuse.

In the "Whiplash Shaking Syndrome", brain damage can occur without fractures or obvious external signs of child abuse.⁹ Such injuries result from violent shaking of the child. It may be suspected in very young children who present idiopathic seizures. Widespread bilateral retinal hemorrhages are found in 80 per cent of cases to substantiate the diagnosis. Such injuries must be detected early since the continued practice of shaking the infant, albeit unknowingly, may lead to more serious damage.

- (ii) *Abdominal Injuries*: These are the second commonest cause of death from child abuse. Frequently, no bruises are seen over the abdomen. Ruptured liver or spleen, perforation of the intestine, intramural hematoma of the duodenum or jejunum, renal or pancreatic injury may be seen. Tears of the intestine and membranes, chylous ascites and pseudocysts have been reported.
- (iii) Injuries of other organs including the chest, eye, etc., have been encountered.
- (e) **POISONINGS**: Most poisonings in children are accidental. However, intentional poisoning does occur and is a form of child abuse. It is often difficult to detect. Intentional poisoning should be suspected if the victim is an infant. Children may be given adult medications as sedation. Excessive doses may be given inadvertently. Barbituates, tranquilizers and illegal street drugs are most often used. Unusual types of poisoning include dehydration from salt poisoning. Accidental poisoning frequently raises the issue of the child's safety and protection in his environment. Repeated poisonings and/or accidents raise questions of a disorganized family environment and a child at risk.
- (f) **MUNCHAUSEN BY PROXY SYNDROME**: An unusual form of child abuse has been described when parents fabricate illness for their child allowing multiple investigations and treatments for the child unnecessarily. Such parents usually have a psychiatric disorder. The syndrome must be watched for.¹⁰
- (g) **FAILURE TO THRIVE AND NEGLECT**: Failure to thrive due to maternal deprivation syndrome is an act of omission. Any child who is not thriving should be evaluated for a psycho-social cause as well as an organic and genetic etiology. In many hospitals, psycho-social factors are the predominant cause for any child with failure to thrive.

5. Other Considerations

When assessing a case of child abuse, look at the various factors involved. This includes looking at the parents, the child and any precipitating crisis. Most importantly, note whether the child is reared in an environment of violence which could include wife beating, repeated corporal punishment, alcohol and drugs.

- Parents*
- (a) Are they immature or dependent with poor impulse control?
 - (b) Are they socially isolated, depressed or lonely and incapable of using extended family or helping agencies?
 - (c) Do they have low self-esteem or sense of worth?
 - (d) Do they have a disturbed perception of the child?
 - (e) Do they exhibit undue expectations of the child (role reversal)?
 - (f) Do they express a belief in corporal punishment of the child?
 - (g) Have they a history of previous abuse as a child?
 - (h) Are their parental patterns acceptable?
- Child*
- (a) Frequently demanding.
 - (b) Strong willed or precocious, and less compliant.
 - (c) Frequently misbehaves, is angry and destructive.
 - (d) Viewed as different from siblings.
 - (e) May be handicapped.
 - (f) May be abusive towards others.
- Crisis*
- (a) Usually of a socio-economic nature.
 - (b) May result from a marital conflict.
 - (c) Generally may not be severe but to the individual concerned is frequently overwhelming.

6. After a Preliminary Diagnosis

After a preliminary diagnosis, where child abuse is suspected, determine if the child is at risk.

- (a) Admit the child where possible, especially if an infant, since this provides for an immediate place of safety.

If the situation is acute, and the parent(s) refuse admission, notify them of your legal obligation to report suspected cases of child abuse, and contact the Ministry of Social Services and Housing immediately.

When the child is in hospital:

- (i) Obtain a detailed medical history by interviewing parents and child.
 - (ii) Conduct a thorough physical examination.
 - (iii) Obtain details of previous hospital admissions or visits to emergency departments.
 - (iv) Coagulation screen: perform screening test for bleeding diathesis if medically indicated or if parents deny possibility of inflicted injury or give history of "easy bruisability".
 - (v) Perform a skeletal survey or bone scale, where appropriate.
 - (vi) Obtain clinical photographs of suspicious lesions or reference or draw appropriate diagrams.
 - (vii) Check with community agencies for any past experience with the child and family.
 - (viii) Notify the local Ministry of Social Services and Housing as outlined in the Provincial Statute of the *Family and Child Service Act* of 1981. This legal obligation overrides any claim of confidentiality.
- (b) Inform the parent that there is no alternative but to report since this is an absolute obligation by law. It should be explained that there are many ways of helping parents or guardians to overcome their problems. Services are available to relieve the stress of child care. Any 'punitive' aspect of abuse and neglect proceedings should be downplayed.
- (c) Arrange to examine the other children in the family.
- (d) Following notification, a report to the local Ministry of Social Services and Housing is required. If court evidence is necessary, a well-documented medical record can eliminate or reduce the time a physician may be required to spend in court. This documentation should include:
- (i) A full description of the nature and extent of injuries and the medical condition of the child.
 - (ii) A record of statements by the child and parents and of their relevant behaviors.
 - (iii) A complete medical and brief social history if possible.
 - (iv) Results of pertinent laboratory data, and other diagnostic procedures.
 - (v) Photographs or diagrams may be included.
 - (vi) An outline of impressions and intended management.

An in-hospital child abuse team can help to facilitate the handling of these cases. To ensure the best course of action, a mutual sharing of information and

open communication is necessary so that a satisfactory resolution, with the child's best interests attended to, can be made.

- (e) At all times the physician should remain objective and non-judgemental towards parent and child, and maintain or attempt to maintain, a therapeutic relationship with the family. An honest and supportive approach will help in maintaining trust and contact.

7. High Risk Situations

It is important to recognize situations where inadequacy in parenting is likely to occur. They can be detected prenatally, at birth, in the post partum period and at routine office visits.

Consider high risk situations:

- (a) When the child is born unwanted or wanted for the wrong reasons (not synonymous with unplanned).
- (b) Where there is a history of abuse, neglect or deprivation in the parent(s).
- (c) Where a teenage, unmarried girl opts for keeping her baby.
- (d) If maternal-child attachments are impaired through maternal or child illness, prematurity, neonatal complications, congenital abnormalities, etc.
- (e) Difficult to handle problems in infant, e.g., colic, feeding problems, vomiting and parent appears unable to cope.
- (f) Frequent, repetitive complaints of a behavioral nature, e.g., hyperactivity, sleep resistance, poor eating habits, failure to thrive.
- (g) Where there are environmental problems such as poor housing, overcrowding, repeated financial crises, unemployment, family breakdown, separation, family violence, alcoholism, drug addiction, marital discord, acute or chronic illness in the parent, severe post partum depression.

In these high risk situations, child abuse has not yet occurred but the probability is great. Suitable intervention with appropriate services at the appropriate time may alleviate the stresses to remove or reduce the risk. The Ministry of Social Services and Housing will try to introduce appropriate services rather than remove the child from the home except in the most extreme case.

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APPENDIX E: Sexual Abuse of Children Guidelines for Physicians

Dr. J. E. Carter, M.B.Ch.B, FRCP(C)
Director, Child Protection Service
Children's Hospital
Vancouver, B.C.

One in two females and one in three males have been victims of unwarranted sexual acts sometime during their lives¹ including acts of exposure (largest single category); fondling; and threatened, attempted and actual sexual assault. Of these offenses:

- 80 per cent are against children and youth;
- four percent of young females have been raped;
- most victims are female; almost all offenders are male.

These statistics are from the Committee on Sexual Offences Against Children and Youth (1984) and reflect the situation in Canada. Physicians may not be aware of the extent of the problem but the numbers would suggest that primary care physicians in British Columbia are very likely to come into contact with such cases.

Sexual abuse is defined as age-inappropriate sexual activity between a child and another, older, individual. Sexual assault usually denotes abuse associated with threatened or actual physical violence. A further discussion of the definition of sexual abuse is found on page 10 of this handbook.

1. Forms of Sexual Abuse²

- (a) Touching, fondling and exploring the child's genitalia;
- (b) masturbation by the male offenders;
- (c) masturbation of the offender by the child;
- (d) oral-genital contact between children of either sex and adults of either sex;
- (e) intercourse or attempted intercourse (with or without force);
- (f) anal intercourse of a child of either sex;
- (g) exhibitionism, voyeurism, exploitation of children in the preparation of sexually suggestive or pornographic visual materials.

In a study in Children's Hospital, Vancouver, the average age of the victims was 8.9 years. Eighty-seven per cent were female. Only twenty-eight per cent had been sexually abused by strangers. Most of the offenders were close relatives and friends.³

2. Role of the Physician

- (a) Diagnose and treat any injuries resulting from the alleged sexual assault.
- (b) Investigate and treat any infection.
- (c) Examine for and deal with possible pregnancy.
- (d) Report allegations of sexual assault to the Ministry of Social Services and Housing and the police.
- (e) Provide reassurance to the patient and family.
- (f) Perform the pertinent forensic investigations as necessary.

The doctor's role should always be to care for the child's physical and emotional well being.

3. Physical Indicators

- (a) Bruising, bleeding or other signs of trauma to the genital or rectal area.
- (b) Bruising, bleeding or other signs of trauma to other sites, especially the breasts, buttocks, lower abdomen and upper thighs.
- (c) Abnormal dilation of the vaginal or anal openings.
- (d) Spermatozoa in the vagina or rectum.
- (e) Sexually transmitted disease in a prepubertal child (usually excluding infants).
- (f) Pregnancy in adolescence.
- (g) Foreign bodies in the vagina or rectum.
- (h) Non-specific signs such as recurrent urinary tract infections, or anal fissures may arouse the suspicion of child sexual abuse. There are, however, many medical conditions to account for such findings.

4. Behavioral Indicators⁴

- (a) In the pre-school child:
 - Excessively clinging behavior.
 - Poor sleep, excessive fear of the dark.
 - Encopresis, enuresis.
 - Psychosomatic, recurrent abdominal pain.
 - Fear of men, or of a particular person.
 - Preoccupation with sexual organs.
 - Age-inappropriate sexual play with self, peers and toys, especially if persistent.

- (b) In the school-aged child:
 - Sudden drop in school performance.
 - Sleep disturbances.
 - Truancy, running away from home.
 - Phobias, hysteria, depression, memory or concentration disturbances.
 - Overly-detailed, age-inappropriate knowledge of sexual behavior.
- (c) In adolescents:
 - Truancy.
 - Psychologic/psychiatric disturbances.
 - Acting out, aggressive behavior, suicidal behavior.
 - Prostitution.
 - Drug abuse, alcoholism.
 - Adolescent pregnancy.

These behavioral indicators are also associated with a large number of other medical and psychiatric conditions so that no single indicator should be taken to mean sexual abuse. These indicators of abnormal behavior may, however, suggest the possibility of sexual abuse and suspicion can be aroused if there are added features or no other satisfactory explanation to account for their presence.

5. Disclosure

This is a most important aspect of sexual abuse in children. Some individuals may go through life without disclosing sexual abuse. However, as attitudes to sexual abuse are rapidly changing, both private and public disclosure is becoming more common. Disclosure may be:

- (a) *Direct* — the child states what has happened explicitly. Since such a step is difficult, painful and distressing to the child, the allegation is most likely true and must therefore be taken seriously and investigated. There are more false denials than false allegations.
- (b) *Indirect* — suspicion is aroused by physical and behavioral indicators or the child may make oblique verbal references to abuse incidents.

It is extremely important that experienced professionals using a variety of valid techniques and recording devices interview the child to obtain the most complete, truthful and reliable account of the incidents, so that the child does not have to repeat the history and repetitively relive the experience.⁵

Leading questions and suggestion must be avoided. It is best to allow the child to tell the story in his/her own words.

6. Types of Presentation

The physician may encounter a child sexual abuse case in the following ways:

(a) In the office:

- (i) disclosure directly to him by the child — extremely rare.
- (ii) disclosure to him by a parent or friend — frequently raised indirectly or as a question. The physician has to listen and report if there is substance to the history and he has reason to believe the child is in need of protection.
- (iii) Signs of trauma — sometimes occur in the office.
- (iv) Signs of infection — most likely. The physician must be prepared to take the relevant cultures and perform a proper physical examination or refer the patient with complete information to a consultant or child abuse team.
- (v) Other physical and behavioral indicators (see above). The physician must act appropriately.
- (vi) Adolescent pregnancy — usually this is best handled by a referral to the Ministry of Social Services and Housing for assistance for the child.
- (vii) At the request of the Ministry of Social Services and Housing or the police.

(b) In the Emergency Room:⁶

- (i) Genital or other trauma.
- (ii) Allegation of rape or sexual abuse.
- (iii) Requests by the Ministry of Social Services and Housing or the police.

If there is a history of an acute assault (i.e., within 48 hrs), the child should be assessed as soon as possible. This can be done in an Emergency Room or in a facility equipped to do the necessary examination and investigation. Otherwise the medical examination may be deferred to a more appropriate time and place.

7. History

A history of the assault may be obtained from the parent, social worker or police. Pertinent data to direct the physical examination may be obtained from the child. It is not the function of the physician to obtain complete details of the assault. We are interested in "what" and "when", not "who, where and why." Before proceeding to a detailed physical examination it is preferable to have full disclosure. At the least an attempt for full disclosure should be made by the social worker and/or the police.

The history must be expanded to include a routine medical history in order to focus the medical examination and determine the appropriate investigations.

The medical history should include where appropriate, menstrual, contraceptive, coital, and venereal disease and post-assault activity (change of clothing, bathing, douching, etc.).

Use of anatomical dolls and other interview techniques such as play and drawings cannot be accomplished in the Emergency Room or a busy physician's office since this requires time, a quiet environment and expertise.

Chart the patient's vital signs, the emotional state and the condition of the clothing and any other information the patient may volunteer.

The chart may become legal evidence — be sure that all statements are objective, accurate and legible. Use the patient's own words when he/she describes the assault. Pay attention to the terms used.

The child must be provided with maximum emotional support and given as much control as possible. It is not the function of the physician to be moralistic. He/she should provide emotional and medical care as needed.

8. Physical Examinations

- (a) Always have a third person (preferably a professional individual) in the room and allow support persons as circumstances will permit.
- (b) Perform a complete physical examination. Apart from detecting medical findings which may be of significance, this usually places the patient at ease.
 - Check for signs of general trauma.
 - Check the stage of physical development — if pubertal, detail the Tanner staging.
 - Include emotional status, general appearance of the patient.
- (c) Examine particularly the areas penetrated during the assault, e.g., the mouth, vagina, or rectum.
- (d) Document the evidence of trauma (however slight) to any of the areas.

If major trauma is uncovered, an examination under anaesthesia is necessary. Photographs should be obtained under these circumstances.

9. Elective Examination

Where the assault occurred over 48 hours previously and there are no emergent problems, an elective examination should be done in a facility where such examinations can be properly carried out and at a time convenient for patient, family and professionals. Adequate genital examinations take time, patience and a gentle manner. If the child is hesitant to be examined, the examination must be deferred.

Young children are best examined in the frog leg position. Older children may be examined in the supine knee-chest or lateral positions. These examinations are not likely to show acute trauma but signs of previous trauma must be carefully looked for.

Signs of chronic trauma include healed scars, tags, patulousness and laxity, and signs of infection.

10. Investigations

- (a) Culture: routine
 - N. gonorrhoeae
 - Chlamydia (if available)
- (b) Urinalysis, culture and sensitivity
- (c) Selective blood tests: CBC, VDRL, HIV, Hep. B.
- (d) Forensic Studies: Wet mount for sperm
 - Permanent smears
 - Protein 30
 - Acid Phosphatase
 - Hairs, finger nail scrapings, fluids
 - and stains for ABO blood grouping
- (e) Currently a UV light (Wood's lamp) examination is not being done routinely.

N.B. The unbroken chain of evidence rule — all specimens transferred to the laboratories or the police must be signed by the person delivering and receiving the specimens.

11. Appearance of the Hymen

The type and condition of the hymen is very important in assessing child sexual abuse cases so that the hymen must be carefully examined. Knowledge of the normal appearance and its variations is a prerequisite to interpreting hymenal findings. One study examined the question of congenital absence of hymens in 1,131 examinations. All infants were noted to have hymens. Between 3 per cent and 4 per cent had normal anatomic hymen variants such as tags or bands. A female born without a hymen is an unlikely occurrence if it occurs at all. In the absence of major genitourinary anomalies, hymenal tissue in young children is expected. Its absence suggests traumatic disruption.⁸

Prepubertal female genitalia: Much is still to be learned in interpreting prepubertal female genitalia and physical findings related to sexual abuse. Young female patients do not tolerate vaginal instrumentation. Fortunately a thorough external examination is all that is necessary for an accurate diagnosis in the vast majority of cases. A wide variation of normal genital anatomy exists.⁹ Extra folds of the prepuce are common. Labia minora vary greatly in length and many have extra folds. Urethral openings vary from slit-like to round or triangular. The hymen is usually a thick, slack tissue, in fold, covered with squamous epithelium.

Variations in the shape of opening include punctate, annular, denticular, crescentic or cuff-like. The hymenal opening is generally considered normal in prepubertal children if less than 5 mm. According to one study, 75 per cent of sexually abused children had a horizontal diameter of vaginal opening greater than 4 mm.¹⁰

At puberty, the vaginal opening is approximately 1 cm in horizontal diameter. A dilated hymen admitting an examining finger with no discomfort is indicative of repeated sexual manipulation and/or previous sexual intercourse of a non-recent nature.

12. Approach to Sexually Transmitted Diseases in Children

See 1988 Canadian Guidelines for the Treatment of Sexually Transmitted Diseases in Neonates, Children, Adolescents and Adults).¹¹

(a) Vulvovaginitis (prepubertal)¹²

The presence of the following organisms in vaginitis must alert the physician to a high probability that sexual abuse has occurred: *N. gonorrhoeae*, *T. vaginalis*, *C. trachomatis*, *T. pallidum* (excluding congenital syphilis), molluscum contagiosum (genital area), genital warts, condylomata acuminata and herpes simplex virus.

Isolation of the following organisms is not related to vulvovaginitis (normal vaginal flora): *E. Coli*, *N. Meningitis*, *Strep. spp.*, *Staphylococcus aureus*, *mycoplasma*, *H. influenza*, *Klebsiella spp.*, *Proteus spp.* and *Pseudomonas spp.*

Bacterial vaginosis raises the probability of sexual abuse in prepubertal girls.¹³ Vaginosis is a polymicrobial infection in which vaginal anaerobes act synergistically with *Gaardnerella vaginalis*. The vagina pH is greater than 4.5, a fishy odour develops after the addition of 10 per cent KOH to vaginal secretions and clue cells may be detected.

(b) Gonoccal infections

Sexual abuse must always be considered when genital, rectal or oral gonorrhoeae is found in children beyond the neonatal period.

(c) Chlamydia infections

In children the presentation includes asymptomatic genital tract carriage, urethritis in boys and vaginitis in girls. Sexual abuse should always be considered in children past the neonatal period.

(d) Genital Warts (Condyloma acuminatum)

Genital warts raise the suspicion of sexual abuse in children; however, they may be transmitted to newborns during birth. In addition, the incubation period to appearance and recognition is extremely variable and may be prolonged for months.

(e) **Acquired immune deficiency syndrome (AIDS)**

Increased public concern about AIDS, a newly recognized sexually transmitted disease caused by Human Immunodeficiency Virus (HIV) requires certain sexually abused children to be screened for the disease. Children exposed to multiple episodes of abuse by a person in the at-risk population should be screened.

13. Treatment

- (a) **Injuries** — Treat and/or request consultation as indicated. Tetanus prophylaxis as indicated.
- (b) **Venereal Disease prophylaxis** — May be given as indicated — Consult the 1988 Canadian Guidelines for the Treatment of Sexually Transmitted Diseases for age or weight appropriate dosages for children.
- (c) **Anxiety** — If there is extreme anxiety this may require treatment. Valium 5 mg p.o. Prescribe a maximum dosage of 30 mg. for 3 days.
- (d) **Pregnancy prophylaxis** — In older teenagers — if post-menarchal, the patient's wishes regarding hormonal pregnancy prevention and abortion must be taken into account. If she is without contraception and at risk in her cycle, use Ovral 2 tabs stat p.o. and 2 tabs 12 hours later. The patient should be informed of increased risk to the fetus and assured of access to abortion if she misses a menstrual period. Do not prescribe if there has been no vaginal penetration or if there has been effective birth control during the cycle.

14. Final diagnosis — should include the following:

- (a) The allegation of sexual assault,
- (b) a specific description of trauma if present,
- (c) other pertinent medical diagnoses, and
- (d) the results of medical and forensic tests including culture reports, presence or absence of sperm, etc.

15. Report

Sexual abuse must be reported under the *Family and Child Service Act*. The physician should report to the local Ministry of Social Services and Housing or use the Helpline for Children.

16. Follow-up

It is advised that the child be seen in follow-up or that follow-up be arranged with an appropriate physician. Re-examination of the child is suggested and repeat cultures may be necessary. Any blood tests not previously taken may also be ordered.

Adequate counselling and continual support for the child is necessary. The physician should work with the social worker to reintegrate the child into the family and community.

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- ¹¹ 1988 Canadian Guidelines for the Treatment of Sexually Transmitted Diseases in Neonates, Children, Adolescents and Adults. Canada Diseases Weekly Report (Supplement) April 1988.
- ¹² 1988 Canadian Guidelines, etc., *see above*.
- ¹³ Hammerschlag, M.R. *et al.* Non-specific Vaginitis following Sexual Abuse in Children. Pediatrics 75: 1028, 1985.

APPENDIX F: Alcohol and Drug Programs

The role of Alcohol and Drug Programs of the Ministry of Labour and Consumer Services is to promote the well being of people affected by, or at risk of developing alcohol and drug difficulties. Many persons with such difficulties were the victims of child abuse, and some are offenders. For clients who were victims, coming to terms with the abuse may be part of the recovery process. Offenders may require treatment for chemical dependency as part of or prior to treatment respecting the offending behavior.

Because child abuse or neglect may be associated with substance abuse, alcohol and drug counsellors may become aware of child abuse or neglect during the counselling process. The duty to report applies to the counsellor in these circumstances, and the matter must be reported to a social worker in a Ministry of Social Services and Housing office. Section F of the overview contains a description of the duty to report, and all alcohol and drug counsellors should be fully familiar with their reporting obligation.

Where the disclosure of information is necessary to protect the child, staff members should provide the information to those responsible for the case. In other circumstances, information about clients should not be disclosed without first obtaining the consent of the client or the client's guardian in writing. Where a child is in the care of the superintendent, the superintendent may consent on the child's behalf. Where a client does not consent to disclosure, a subpoena may be issued to compel testimony in court.